MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY P b. COUNTY MARYLAND montgomer b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 181 20mh Packs allo d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Low NAME OF Middle -4. DATE Last Month Day Year (Type or print) DEATH 1121 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min WIDOWED DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ucs. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? M6. SOCIAL SECURITY NO. 17. INFORMANT Address w.W.Z. Cu CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while at work at wark 21. I certify that I attended the deceased from and that death occurred at 5 - M, from the causes and on the date stated abave. alive an\_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Irev NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Arlington National Cem. Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

Cirthun & Kraus

DATE ALIG 1 1

VS A15 (4) 15M 9/55

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			Co. Francis Harris Samedin Charles Accessed for More et al. Co., 40, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2
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notified.

Deputy Medical Examiner, Montgomery Co.,

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9235

#### CER

09176

TIELO A TE	0=	DEATH			3,7	
TIFICATE	OF	DEATH	Reg.	Dist.	No.	215

_											
	PLACE OF DEATH o. COUNTY Montgomery	r		MARYLANI	o. ST	AL RESIDENCE (VATE		d lived. If institut b. COUNTY		nce before o	odmission)
	b. CITY OR TOWN (	If autside corporate lim	its, write	c. LENGTH OF STAY IN 1				prote limits, write	RURAL ond	give neares	t town)
	RURAL and give n			1 day	Wa	shington			117 4	3	
-	d. NAME OF HOSPI	TAL (If not in haspital, s	give street			TREET ADDRESS			7-11	e. t	S RESIDENCE
1	OR INSTITUTION	1 Hospital			Otto	- 6 F+	Teal	ie J. Mcl	No is		ON A FARM?
	NAME OF	Fi	ret	Middle	9,349	Lost	4. DATE	Mo Mo		Day	Year
	DECEASED (Type or print)	Wil	liam	Bronley		MMON	OF DEATH	Aug	ust	16	19 59
5.	SEX			RIED X NEVER MARRIED				9. AGE (In years lost birthdoy)	Months		UNDER 24 HRS
_	Male	Caucasian				-25-02		57 yrs			
100	during most of wor	ON (Give kind af work king life, even if retired	)	KIND OF BUSINESS OR IN	DUSTRY 11.		te or foreign o			J.S.A.	HAT COUNTRY
13.	FATHER'S NAME				14. MC	THER'S MAIDEN	NAME				
	William	L. AMMON			Ne	ettie RI	ECHLEY				
	WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMAL	NT		Add	iress		
,,,,	Yes	1923 to DO	0 1	76-32-2329	Hospi	al Reco	rds				
CERTIFICATION		the <u>under.</u> DUE TO  (I)  HER SIGNIFICANT CON	o) o) iditions_	CONTRIBUTING TO DEATH					VEN IN PAR	-	WAS AUTOPSY PERFORMED? ES <b>X</b> NO [
		AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU	RRED. (Enter i	nature of injury i	n Part I or Par	t II of item IB.)			
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	While			NJURY (Home, fai et, office bldg., e		y ar town)	(1	County)	(State
	actual SIGNATURE	ALC	105	eed from August 199, and that dec	M.D	u. s. N	AM, fram ADDRESS (S	the causes and threet, city or town	nd an the		
220	BURIAL, CREMATIC			22c. NAME OF CEMETER				TION (City, town,	or county)		(Stote)
	REMOVAL (Specify Burial			Arlington 1				ington	7,	Virgi	
-	FUNERAL DIRECTOR	S SIGNATURE	en	Sauld		24a. RE	C'D BY REGIS	TRAR 24b. REG	ISTRAR'S SI	1	All offer to de
W	.W. Chamb	ers Funera	l Hom	e, 3072 M St.	. NW , War	h DOPATE	IG 1 9 '59	9 Con	thing &	Traces	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbat pages. Pages 1 and 2 should be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour papers. page 3 should be detached for use as the burial-transit permit. Then please remaye carbat the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after d

TO HOSPITAL VS A15 (4) 15M 9/5B

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	- Czes.D. J. Leskle J. Mills		I. H. Nevel Roughest
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	Old The Paragraph of th	LOS N STOP THE	Repair and and and

## FOR STATE HEALTH DEPT.

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TO DEPUTY MYZCAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is missary, please execute the ficate, writing the word "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral state. Page 4 should be 15 worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, ar its designated agent, prior to burial, cremation, or removal, and in any feet within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9236

09177

Reg. Dist. No.

o. COUNTY	ontgomery		MARYLANG		ence (Where deced	sed lived. If instit b. COUN	TV we	tg %	idmission)
b. CITY OR TOWN (If and give negrest town)	autside carparale limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside con		RURAL and	give neares	f town)
Olne			DOA	X Burtonsville					
Ment C	or institution (	If not in pospil	tal, give street oddress)	d. STREET ADD	DRESS				S RESIDENCE ON A FARM?
3. NAME OF DECEASED	Fir		Middle	Last	4. DATE OF	Moni		Day	Year
(Type or print)	-	rving	Athey		DEATH	Aug. 8	3, 195	9	19
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	-	NDER 24 HRS.
male	white	WIDOWED (	DIVORCED	6/13	/1897	62 yrs.		Days Hou	irs Min.
100. USUAL OCCUPATION during most of working	N (Give kind of work	done 10b. KIN	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE			12. CITIZ	EN OF WH	IAT COUNTRY
	lerk	Har	dware stor	e Ma	aryland			USA	
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME				
Snowde	en Athey			Man	nie Athe	v			
15. WAS DECEASED EVI	R IN U. S. ARMED FO		OCIAL SECURITY NO. 17.	INFORMANT		Address			
The trot of the tr	(in yes, give war at opies of	adivide)	(b) (-4 )	Wife		Item	2		
PART I. DEAT  420:  Conditions, if or gove rise to immed (a), stating the couse last.	liote cause (		onary occlu	usion				Su Su	dden
200. EXTERNAL CAL PRIMARY Or COP CAUSE OF DEATH.	ISE WAS 20	b. DESCRIBE F	HOW INJURY OCCURRED.	(Enter noture of injury	y in Port I or Part I	of item 18.)	VEN IN PART		RFORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	White	JURY OCCURRED 20e. Pt Not while fa	ACE OF INJURY (Hom clory, street, office blo	ne, farm, i 20f, (Cit dg., etc.)	y or town)	(Caur	nty)	(State)
21. I certify th	at I took charge	of the re	mains described ab	ave, held an A	utapsy , I	nspection 3	Inquiry	/ Tat	and in my
opinion death	resulted fram: 1	0	uses . Accident	M.D. CHIEF MED	, Hamicide		ermined m		TE SIGNED
EXAMINER'S NAME (Type) Tr-	rank J. B	rogah	art.		DICAL EXAMINER		ıg. 8,	195	9
220. BURIAL, CREMATION DEMOVAL Specific	N. 22b. DATE THEREO		ADDRESS	CENETE 24	22d. LOCA	TION (City town.	or county).	le "	Med

		GATHASIN MATERIAL		
		S, VAINIMAXS TYDIO	* :	
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	Burtoneville	(W)	You'ld	•
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No.	basticial 55	емето втажьтей	Polized elema	
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2	9114			
e Share	501	turoko transzot		
1959		drindrigo.	Frank J. B	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9237

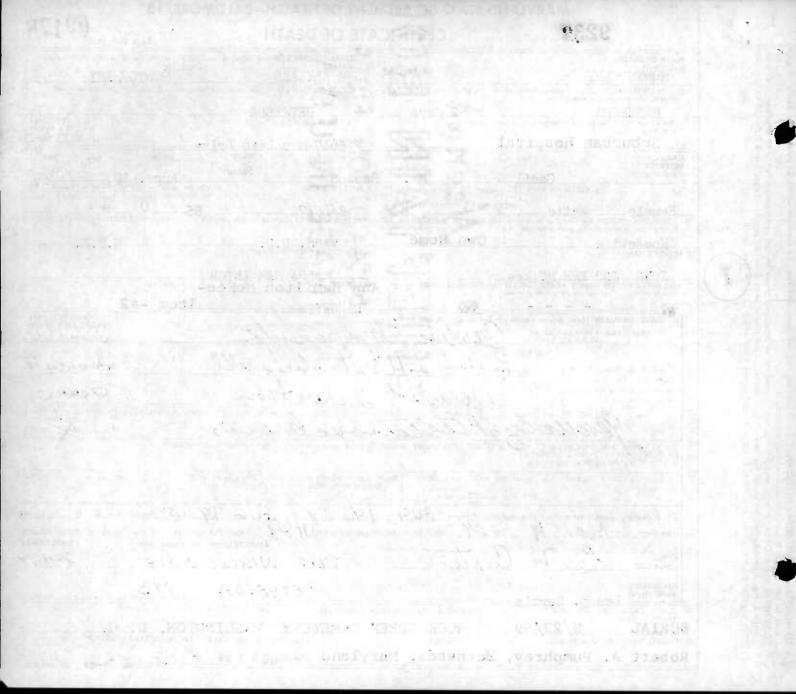
#### CERTIFICATE OF DEATH

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U	U	1	6	C

			J		1	×
g.	Dist.	No.	,	1	-	1

			CERTIT	47.1	O. DEA	•••		Reg. Di	st. No.		
D. PLACE OF DEATH O. COUNTY MONTGOM	ERY		MARYLAN		ISUAL RESIDENCE		ed lived. If instituti b. COUNTY			admiss	ion)
b. CITY OR TOWN RURAL and give r	(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY IN 1	1b (	CITY OR TOWN	(If outside corp	orate limits, write R	URAL and	give near	est town	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi	ive street a	2 days	X	BETH d. STREET ADDRESS				e.	IS RES	IDENCE FARM?
	ban Hospit	al			5617 M c	Lean I	rive				NO [
3. NAME OF DECEASED (Type or print)	Firs		Middle		Last	4. DATE OF DEATH	Mar	nth	Day		Year
S. SEX	6. COLOR OR RACE		E NEVER MARRIED F	Bac	TE OF BIRTH	JEA !!	9. AGE (In years		1 TEAR I		1950 ER 74 H
		WIDOWE	ED MEVER MARRIED [		d /a a /m		lost birthday)	Months		Hours	Min
Female  0o. USUAL OCCUPATI	ON (Give kind of work of		CIND OF BUSINESS OR IN	-	11. BIRTHPLACE (St	ote or foreign	1 85	9	IZEN OF V	WHATC	OUNTR
during most of wa	rking life, even if retired)							FE			
Housewi	te	-	own Home	14	WASH D	N NAME			U.S.A	2 8	
O. TATTER S TO ME											
	OS EPH MC ke		OCIAL SECURITY NO.	ANIEOD	ANNA	HAM ILT	FON	dress			
Yes, no, or unknown)	(If yes, give war or dates of se	ervice)	OCIAL SECORITI NO.	Ann	MAMamilt.	on Mck	.ee-				
NO			No	D	AUGHTER		Item	-#2			
	ATH [Enter only one can	use per lin	e far (a), (b), and (c).]	To		1.				T AND	
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(16	escuae	Ken	ponde	de			my	necl	inte
420.1 Conditions, if	DUE TO	Rus	sture Left	460	Triulas	whele	20		Shin	ued	inte
gave rise to couse (a), stating lying couse last	immediate DUE TO	M	upparaleal	2	refare	tion	FUE E		3	dan	40
PART II. 9	HER SIGNIFICANT CON	TIONS C	ON RIBUTING TO DEATH	BUT NOT	RELATED TO THE PE	RMINAL DISEA	SE CONDITION GI	VEN IN PAR		PERF	RMED?
○ CONTRIBUTION	AS UNDERLYING COME CAUSE OF DEATH OF MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCCU	JRRED. (En	ter noture of injury	in Part I or Pa	ort II of item 1B.)			7	
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yea	20d. IN While at wark	Not while	PLACE ( foctory,	F INJURY (Home, 1 street, affice bldg.,	form, 20f. (Citeto.)	ty or town)	(1	County)	- 3	(Sta
21. I certify t	hat I attended the	decease , 19_	-0	14 eath acc	, 1959, to urred at 110		19, 1957 the causes ar Street, city or town,	nd an the		stated	
ACTUAL SIGNATURE	Leo M.	Cu	etis	M.D.	8218	Wisco	1	/E		7-	-19-1
PHYSICIAN'S NAME (Type)	eo M. Cortis				BET	HESDI	A 1	73.			
220. BURIAL, CREMATI REMOVAL (Specify	ON, 22b. DATE THEREO	)F	22c. NAME OF CEMETER				ATION (City, Iown,	or county)	0	(Stat	te)
BURIAL  23. FUNERAL DIRECTOR	8/22/59	7	ROCK CRE	EK (	EMETERY	REC'D BY REGIS	INGTON,	ISTRAR'S SI	GNATUR	F	
Robert A	Pumphre	y D.		arvl	-	ALLO O O I					
DUDE L A	· CHIIIIIIIII	V - D	CLUCAUG. M	CL VI	CHILL IDATE	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74 /	-0 0	10		

VS A15 (4) 1SM 9/58



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VS A15 (4) 15M 9/58

### 9238

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

09179

0,000				Keg. Dist.	. No. CI)
1. PLACE OF DEATH COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (V	where deceased lived. If	institution: Residence OUNTY 01a	befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Bethesda (Rural)	c. LENGTH OF STAY IN 16 40 min.		f autside carporate limits,	write RURAL and giv	re nearest town) 4-1X-3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  U. S. Naval Hospital	address)	d. STREET ADDRESS 3511 Dav	enport St	, N.W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Florence	Mary	lost BAKER	4. DATE OF DEATH	Manth August	Doy Year 30 19 50
5. SEX Female 6. COLOR OR RACE 7. MARK Caucasianidow		8. DATE OF BIRTH 10-1-90	9. AGE (I	A CONTRACTOR OF THE PARTY OF TH	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, even if retired) Housewife	KIND OF BUSINESS OR INDU	New Yo	rk		J.S.A.
Samuel WELDTE		Margare	t LANHAM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown)   Ilf yes, give war or dates of service)	social security no.	NFORMANT  R.E.Bake		Address Spr cemont St	ringfield,
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS (C)	CONTRIBUTING TO DEATH BUT			ION GIVEN IN PART I	10 years 1(0) 19. WAS AUTOPSY PERFORMED? YES 📆 NO
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	in Part I ar Part II af item	18.)	
Haur a.m. While	1-	ACE OF INJURY (Hame, factory, street, affice bldg., a		(Car	unty) (State
21. I certify that I attended the decease alive an August 30 , 19  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) G. I. SHUGOLI	59_, and that death	M.D. U. S.		ses and an the our town, state)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 19-3-59	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City	"	(State)
23. FUNE AND RECTOR'S SIGNATURE )		ndria, Va48 RE		b. REGISTRAR'S SIGN	Virginia NATURE

author & Krans

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33.1 Davermore Ut., W.V. fartment faveit ,3 ,6

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Auna (8) R.B.Bakeb, Shop Fredgonts St. Va.

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August 130 Commission Sp. 150 Commission Sp. 150 Commission Sp. 150 Commission Commissio Desired Laver Laver C. L.

LIFTEL C. I. SEUPPRES, IN. MC. BEW. Pethosons, MG.

Selling Committee of the Committee of th 

15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09181

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE b. COUNTY
c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town)
d. STREET ADDRESS . O. 15 RESIDENCE
R.F. U. K / YES NO
Last 4. DATE Month Day Year
8. DATE OF BIRTH 9. AGE IN your STUNDER TYPE IF UNDER 24 HRS.
4-11-190-1 Sout birthdoy) Months Doys Hours Min.
JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Va 11.8.6
14. MOTHER'S MAIDEN NAME
Mary Coffman
INFORMANT Address
love Belleyer (wy) Strem 2
INTERVAL BETWEEN ONSET AND DEATH
removedrage & lausation
Di & to Dedden
od in the deinfle
T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PERFORMED? YES NO NO
(Enter nature of injury in Part I or Part II of item 18.)
fullet word pt temple
LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
Janua Herwood henity my
byve, held an Autopsy [], Inspection [2], Inquiry [2], and find that
uicide , Homicide , Undetermined cause .
DATE SIGNED
M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER S 8-19-57
OR CREMATORY 22d. LOCATION (City, town, or county) (State)
W Hamilton Virginia
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
, Md. DATENG 24'59

VS. A15ME(5) SM 9/55

or removal.

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#### CERTIFICATE OF DEATH

09182

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI	nere deceased lived. If institution b. COUNTY	n: Residence before admission)
Montgomery	MARYLAND	Mary:	Land	Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RU	IRAL and give nearest town)
Kensington	2 weeks	X Chevy	Chase	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Kensington Gsardems Number 1		d. STREET ADDRESS	Street	e. IS RESIDENCE ON A FARM?
		24 Hesketh	Streets Nur	
3. NAME OF DECEASED (Type or print) Miriam	G Middle Bar	tlett	4. DATE Monti	
SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIE	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Caucasian wibow		Nov 16 1869	9. AGE (In years last birthdoy) 89 yrs.	Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Teacher	Retired	Mass.		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
James O. Bartlett		Olive Li	ttle Rogers	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	Addre	
Yet no or unknown) (If yes, give wor or dotes of service)	None Mi	riam Hoffma	an - Item #2	- niece
18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	rebral Throm	hosis		ONSELAND DEATH
5 5 5	100141 11110111	DODED		III.
332 X DUE TO	rebral Arterio	colonocia		
gove rise to immediate	Tebrar Arterio	SCICIOSIS		
couse (o), stoting the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
parkinsonism, Bronch	nopneumonia			YES NO 🖾
PART II. OTHER SIGNIFICANT CONDITIONS OF DETAIL OF THE SIGNIFICANT CONDITIONS OF DEATH OF CONTRIBUTING OF CONTRIBUTION OF CONT	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in I	Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. p. m. 19 While of wor	NURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)
Hour o.m. While of wor	Nat while fac	tory, street, office bldg., etc		
	Angla	1059 to Au	const 27 50	
21. I certify that I attended the deceas		/ // / //	ggust 27, 1959	that I last saw the decease
alive on August 26 , 15	and that death	accurred at 6:40	M, fram the causes a	nd an the date stated above
0//1/		No. of the last of	ADDRESS (Street, city or town, s	otote) DATE SIGNE
SIGNATURE MODERAL SI	Hade	M.D. 10609 Con	cord Street	August 27,1959
PHYSICIAN'S				
PHYSICIAN'S Robert T. Thibac	leau, M.D.	Kensingto	n, Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, a	r county) (State)
CFENALTON 8/30/59	Cedar Hill	Crematory	Suitland, M	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. PFC'	D BY REGISTRAR 245 REGIS	TRAR'S SIGNATURE
Robert A. Pumphrey, B	ethesda, Mar	cyland DATE	AUG 2 8 '59	Ciniman S. Thates
Robert A. Lumphrey, D	, waste was state	DATE		

may be retaind the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by E.C. funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours VS A15 (4) 15M 10/57

TO HOSPITAL OF

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Page 4

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9242

**CERTIFICATE OF DEATH** 

09183

Reg. Dist. No.

/	o. COUNTY Montgo	nery	MARYLA		STATE Maryl	here deceased and	b. COUNTY			re odmis	sion)
	b. CITY OR TOWN (If outside con RURAL and give nearest town Olney		c. LENGTH OF STAY IN 4 days		CITY OR TOWN (IF	outside corpor		URAL ond	give nec	prest fow	n)
	d. NAME OF HOSPITAL (If not or institution Montgomery Coun				STREET ADDRESS						IDENCE FARM?
	3. NAME OF DECEASED (Type or print)	<sub>First</sub> John	Middle Thoma	S	lost Beall	4. DATE OF DEATH	Mon 8.2		Do		Year 19 <b>59</b>
		r OR RACE 7. MARRI	DIVORCED	7	29.1872		9. AGE (In years lost birthdoy) 86 yrs.	IF UNDER Months	Days	IF UND	R 24 HRS. Min.
	10a. USUAL OCCUPATION (Give kinduring most of working life, even Supt. Road Departments)	en ir remed)	(IND OF BUSINESS OR II	NDUSTRY 1	I. BIRTHPLACE (Stote	or foreign cor	untry)		IZEN O		COUNTRY?
	13. FATHER'S NAME	,		14. /	MOTHER'S MAIDEN N			1 0	. 0	. 21.	
	John Thomas Be	eall			Mary 1	Louise	Whitey				
	15. WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give w	ARMED FORCES? 16. S	OCIAL SECURITY NO.	17. INFORM			Addr	ess			
	no -			H	ospital R	ecords					
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS C		for (o), (b), and (c).]	, eż	Leeu	.nl.	mi		INTE	RVAL BE ET AND	TWEEN
	Conditions, if ony, which	DUE TO					0				2
	gove rise to immediate couse (a), stating the under-	DUE TO									
)	PART II. OTHER SIGNIF	CANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PAR	T 1(o) 15	PERFO	RMED?
	PANT II. OTHER SIGNIFICATION OF CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	ING [] 20b. DESCR	RIBE HOW INJURY OCCU	JRRED. (Enter	noture of injury in P	Port I or Port	II of item 18.)			TES []	но 🗌
	20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. INJ While of work	Not while	PLACE OF foctory, str	INJURY (Home, form, eet, office bldg., etc.	, 20f. (City o	or town)	(0	County)		(Stote)
	21. I certify that I often			5	19 55, to	0/10	- 10 5	6			
	alive on P/28	19-3		ath occur	red ot 3: 10 I	DM from	the course	that I I	last sa	w the	deceased
		~		0000			eet, city or town, s		ie aai		TE SIGNED
	SIGNATURE	000	1	M.D							
	PHYSICIAN'S NAME (Type)	). Bonifant	м. р.		Sai	ndy Spi	ring. Ma	rvlan	d	8	28.59
			22c. NAME OF CEMETER	Y OR CREM			ON (City, town, or			Stole	
	23. FUTERAL DIRECTOR'S SIGNATURE	engl	ADDRESS	,17	240 REC'D	BY REGISTRA		TRAR'S SIG			
				~ /'	The St	-, - 0		The lower	, / Chal	NO.	

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VS A15 (4) 15M 10/57

### 9243 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

09184

1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENC	E (Where decease	d lived. If institu	tion: Residence	e before adn	nission)
	ntgomery		MARYLAND		ryland	b. COUNT		altimo	re
b. CITY OR TOWN RURAL ond give	(If autside carporate limits	, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpo	orate limits, write	RURAL and g	ive nearest to	own)
	lney	- 1	6 days		Balt	more	3 V	01-4	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, giv	re street addr	'ess)	d. STREET ADDRE				e. IS	RESIDENCE
100	County Gene	eral Ho	ospital. Ind		275 1	lorthway	BAA Con	- 1	A FARM?
3. NAME OF	First		Middle	Last	4. DATE		inth	Day	Yeor
(Type or print)	Koth	erine	Elizabet		OF DEATH	8	*****	18	19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	I YEAR IF UN	
Female		WIDOWED [		1.20.1873		last birthday)	Months	Days Hou	
10a. USUAL OCCUPAT	ION (Give kind of work do	one 10b. KINI	D OF BUSINESS OR IND		(State or foreign c		12. CITI	ZEN OF WH	AT COUNTRY
during mast at wa	rking life, even if refired)								
Housew 13. FATHER'S NAME	116			14. MOTHER'S MAII	ylvania DEN NAME		U.	S. A.	
Luther	Scott Claget				Sarah Fra				
(Yes, no. or unknown)	(If yes, give wor or doles of sen		IAL SECURITY NO. 17.	INFORMANT		Ad	dress		
			F	ospital Rec	cords				
18. CAUSE OF DE	ATH [Enter only one cou	se per line fo	ir (a), (b), and (c).]					INTERVAL	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	2	Thosley.	in Thes	not I			ONSET AN	ND DEATH
422.	DUE TO		4-6	1	no la			90	raya
1		-		7		/		110	
Conditions, if gave rise to	immediate (	(0 4	enerou	zey au	avoid	eroc	2	10	us
couse (a), stating		~ 1		110-100-1	1.7.			150	
lying couse lost.	, (c)-		cong .	- your				12 1	7
PAIR II. OT	THER SIGNIFICANT COND	ITIONS CONT	TRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION G	VEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
3									NO
200. ACCIDENT W	THE TALLSE OF DEATH	Ob. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of inju	ry in Part 1 or Par	t II of item 1B.)			- 2
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)								
3 20c. TIME OF INJU	RY Month, Day, Year	20d. INJUR	Y OCCURRED   20e. P	ACE OF INJURY (Home	form, 20f. (City	or town)	IC	ounty)	(State)
Hour o. m.	19	While	Nat while	octory, street, office bldg	., etc.)		10	oomy,	(31016)
₹ p. m.		at work	of work						
21. I certify t	hat I attended the a	deceased f	rom_8/12	, 19.3 ∑, to	8/18	19.3	_,that ) le	ast saw th	e deceased
alive an	8/18	, 195/	, and that deat	occurred at 7:3	30 a.M. from	n the causes	and an th	e date sta	ated above
						treet, city or town			DATE SIGNED
SIGNATURE	X 2 63		L	40 5	ue la	Su		huld	21,21
		1		. M.D	7		7-1-		4-10+3
PHYSICIAN'S NAME (Type)	A. D. Bo	nifant	t. M. D.,		Sandy S	pring, N	Id.	8	.18.59
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF		c. NAME OF CEMETERY	OR CREMATORY		TION (City, town,		(Si	tate)
Entombmer			Lorraine Pa	rk Mans.	Wood	lawn, Md			
23 FUNERAL DIRECTOR		. 61	ADDRESS /		REC'D BY REGIST		ISTRAR'S SIG	NATURE	
Jem. L.	hokene	1 4	Jour- Val		AUG 2 0 1		rthun S.		

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9245" CENTIFICATE OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

09186

								Reg. Di	11. No.	
1. PLACE OF DEATH a. COUNTY  Montgomer			MARYLAND	2. U	SUAL RESIDENCE (W STATE District	here decease	sed lived. If institut	ion: Residen	ice before	e odmission)
b. CITY OR TOWN (	If outside corporate limits,	write	c. LENGTH OF STAY IN 16	C	CITY OR TOWN (IF	outside corr	porote limits, write i	PluRAL and	give negr	rest town)
Bethesda	earest town)	763	12 days	11			, , , , , , , , , , , , , , , , , , , ,	17	gra near	esi iowii,
	TAL (If nat in hospital, giv	e street a	ddress)	-	Washington STREET ADDRESS	11	4	615		. IS RESIDENCE
								0.73		ON A FARM?
3. NAME OF	cal Center,	be U		H	3418 Minn			D.L.	1	YES NO
DECEASED (Type or print)			Middle		Lost	4. DATE	,,,,,,	ath	Day	
5. SEX	Will	The state of the s	Stekes		Booth	DEAT	nug		9	1959
			D NEVER MARRIED	8. DA1	E OF BIRTH		9. AGE (In years lost birthdoy)	Months Months	-	Hours Min.
Male	THE CO	VIDOWE		Apr			60 yrs.		Doys	rtours Min.
during most of worl	DN (Give kind of work do king life, even if retired)	ne 10b. K	IND OF BUSINESS OR INDU	STRY 1	1. BIRTHPLACE (Stote	or foreign	country)	12. CIT	IZEN OF	WHAT COUNTR
Streetcar m			Transportation	n	Virgi	nia			U	.S.A.
13. FATHER'S NAME				14.	MOTHER'S MAIDEN					
Edward Boot	h				Lucy Cell:	ie				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16 6	OCIAL SECURITY NO: 17. 1	NFORA	ANT The Me		Record Add	ress		
No	ter her dina mar at acuter or tern	28/	certainable		Clinical				. M	arvland
18. CAUSE OF DEA	ATH [Enter only one cous				V-1-2-1-0-1-1-1	00.00	51 y 20 0110	Dan 21		RVAL BETWEEN
	TH WAS CAUSED BY:	_	onchopneumoni						ONSE	T AND DEATH
161X	IMMEDIATE CAUSE (6) DUE TO	202	on on oping and on the						1	week
Conditions is a		Co	nathana of th	т.					1	
Conditions, if or	mmediate	Ua.	rcinoma of the	S TY	trynx				1	year
couse (o), stoting										
lying couse lost.	) (c)_									
PART II. OTH	ER SIGNIFICANT CONDI	TIONS <u>CC</u>	INTRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART		. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCR	RIBE HOW INJURY OCCURRE	D. (Ente	r noture of injury in	Part I or Pa	ort II of item 18.)			
Z 20c. TIME OF INJUR	Y Month, Day, Year	20d. INJ	URY OCCURRED 20e. PL	ACE OF	INJURY (Home, farm	20f (Ci	ty or town)	10	avent A	(64-4-1
Haur a.m.	19	While	Not while for	ctary, st	reet, office bldg., etc	.)	ly or town,	(C	ounty)	(State)
			at work		PA		A FO			
21. I certify th	at I attended the d	eceose	from July 28,	/	19 59 to At	ugust	7, 1959	,that I I	ast sav	w the decease
olive on Aug	ust 9,	, 19 2	, and that death	OCCU	rred of2105	A.M. fro	m the causes o	and on th	ne date	stated abov
2	7 /					ADDRESS (	Street, city or town,	stote)		DATE SIGNI
ACTUAL SIGNATURE	laward of	dela	want	M.D.	The Clinic	cal Ce	enter			8-9-59
			D		National !	Lnsti	tutes of	Healt	h	
PHYSICIAN'S NAME (Type)	loward S. Sc	hwar	tz . M. D.		Bethesda :					
220. BURNAL, CREMATIO	N 226 DAJE THEREOF		22c. NAME OF CEMETERS O				ATION (City, Jown, o	or country!		(61-1-)
SEMOVAL (Specity)	8/12/5	9	Fort Ju	101	lu-	B	ndon	1	ino	(State)
23. FUNERAL DIRECTOR'S	S. SIGNATURE		ADDRESS	10	1 24- 255	D BY DECIS	7040 34 000	NA	d	7000
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r death. Page 4

the attending physician and campletely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be file<del>d w</del>ith

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar priar to burial, crematian, ar remaval, and in any event within 12 hours after death. TO HOSPITAL CONTINUATION OF PHYSICIAN: The law requires that may be retained y the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by VS A15 (4) 1SM 9/S8

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9246

**CERTIFICATE OF DEATH** 

 $\begin{array}{c} \textbf{8} \\ \textbf{()} 9187 \\ \textbf{Reg. Dist. No. 215} \end{array}$ 

1. PLACE OF DEATH o. COUNTY Montgomery			MARYLA		usual residence (w a. STATE Georgia	here deceased	d lived. If institut b. COUNTY		ce befa	re admiss	ian)
b. CITY OR TOWN (III RURAL and give ne	autside corporate limi arest tawn)	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside corpo	rate limits, write l	RURAL and	give nec	rest tawn	1)
Bethesda (	Rural)		l day		East Point		40	7x-3			
OR INSTITUTION	AL (If not in hospital, g	jive street	oddress)		d. STREET ADDRESS  e. IS RESI						
U. S. Nava		-			1395 Virgi	_	e <b>.</b>			153	NO X
3. NAME OF DECEASED (Type or print)	Fir M4 o	hael	Middle Phill	in	BOYNTON	4. DATE OF DEATH	Aug		Do	<b>'</b>	Year 19 59
S. SEX		D. C. C. W. 1900	RIED NEVER MARRIED				9. AGE (In years	-	100 100		
Male	Caucasian				3-25-58		last birthdoy)  1 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATIO during most of work		done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e ar fareign co	ountry)	12. CITI	IZEN OF	WHATC	OUNTRY?
None					Alabama				U.S.	A.	
13. FATHER'S NAME				1	. MOTHER'S MAIDEN	NAME					
Jack D. BO	VNTON				Faye S. C.	RUSE					
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT	21000	Ado	Íress			
(Yes, no, or unknown) {	If yes, give war or dates of s	ervice)	None	(F)	Jack D. Bo	vnton.	same as	#2 al	hove		
Canditions, if ar gave rise to ir cause (a), stating the lying cause lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRBUTING (IF EITHER NOTIFY)	the <u>under</u> DUE TO  (c  ER SIGNIFICANT CON	) DITIONS	CONTRIBUTING TO DEAT					VEN IN PAR	T 1(a) 1	PERFO	AUTOPSY PRMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCC	.UKKED. (E	nier nature ar injury in	rom i ar rom	r II or Hem 16.)				
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yes	While		0e. PLACE foctory	OF INJURY (Home, far , street, affice bldg., et	m, 20f. (City	ar tawn)	(0	Caunty)		(State)
21. I certify the alive on Augu  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	st 11/h		59 , and that d	leath ac	curred at 5:55	PM, from ADDRESS (St Val Ho	the causes or reet, city ar tawn, spital	nd on the		stoted	
220. BURIAL, CREMATIO			22c. NAME OF CEMETI				ION (City, tawn,	ar county)		(State	e)
REMOVAL (Specify) Burial-Shipm			College Pa				ege Park		Ce	orgi	
23 JUNERAL DIRECTOR'S	SIGNATURE		ADDRESS , Bethesda,		24a. REC	D BY REGIST	RAR 24b. REG	ISTRAR'S SIG	GNATU		

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Section Annual	No area	old fire	indial)	
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	auc.min			Book
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Strope Street a	Joet L. Boynson, bush	(4)		01
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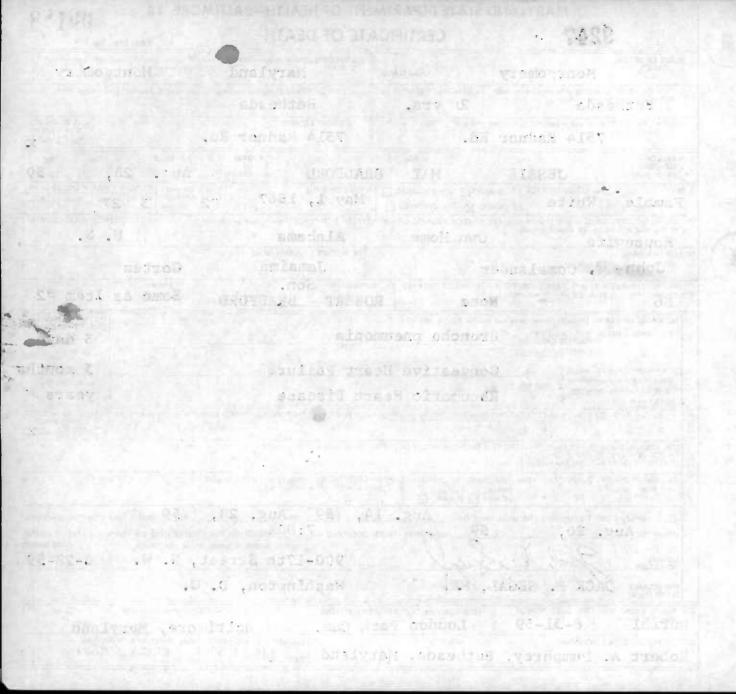
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

				- 1								
PLACE OF DEATH     O. COUNTY	Montgome	ry	MARY		o. STATE		land	d lived. If institu b. COUNT				
b. CITY OR TOWN RURAL BROWN	(If autside carporate limits pegrey town)	, write c.	2) yrs.	IN 1b		rown (IF o		prote limits, write	RURAL	and give r	nearest tow	m)
d. NAME OF HOSPI OR INSTITUTION	7514 Radne	or Ro			d. STREET /	DDRESS Rad	nor	Rd.			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JESSI TESSI		Middle MAY	BRA	DFORI		4. DATE OF DEATH		nth	28,	Day	Year 19 <b>59</b>
5. SEX Famale	Whate	7. MARRIED	NEVER MARRI	_ N	ate of BIRT		7	9. AGE (In years plast birthdoy) 92 yrs	Ment			Min.
Housew	ON (Give kind of work dorking life, even if retired)		of Business o		Alal	oama		country)	12.	U.		COUNTRY?
John	W. Comala	nder		1	4. MOTHER'S  JE	main maim		Co	rte	z		
15. WAS DECEASEDEV (Yes, no. or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of ser		CIAL SECURITY NO		RMANT S	Son. BRA	DFOR	0 -	me	as I	Item	#2
PART I. DE  HIGX  Conditions, if a gave rise to couse (o), stoting	the under DUE TO	Bro	oncho progestive	eumor	rt Fa					0		ays onth
VOLUME IN THE PART II. OT PART III.	HER SIGNIFICANT COND				-		NAL DISEAS	SE CONDITION G	VEN IN	PART 1(o)	19. WAS PERF	
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	POb. DESCRIE	BE HOW INJURY O	CCURRED. (E	nter nature o	f injury in f	Port I or Por	rt II of item 18.)				
20c. TIME OF INJU Haur o. m. p. m.		20d. INJU While at work	RY OCCURRED  Not while of work		OF INJURY , street, affic			y or town)		(Count	(y)	(Stote)
actual SIGNATURE	god V	19 59	fram Aug	death ac	900	7:00A -17th	M, fram ADDRESS (S	the causes a direct, city or town eet, N.	nd an , stote)	the da	ite state DA	deceased d abave TE SIGNED B-59
BULLA CREMATION BULLA Specify	8-31-59		2c. NAME OF CEMI Loudon					TION (City, town,	Ma	aryl		ote)
23. FUNERAL DIRECTOR Robert A	-	, Be	thesda,	Mary	land	24a. REC'I	UG 3 1			S SIGNAT		

TO HOSPITAL CONTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours or deoth. Page 4 may be retained, the hospital or otherding physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove content pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter depth.



1 miller Miller Strate and Caroline Confirmer and Passelaw Education Hills the Salandia Agreement Christian and the transfer of Surgal sylvasic promises come and salar programs. MONEY OF THE STATE OF THE STATE

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MARYLAND 9245	CERTIFICA	NENT OF HEALT ATE OF DEAT			() . Dist. No.	9190
1. PLACE OF DEATH o. COUNTY Montgomes	<b>y</b> y	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryland			idence belore	admission)
b. CITY OR TOWN (II RURAL and give ne Bethesda	f outside corporate limits, write corest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li			est town)
OR INSTITUTION	AL (If not in hospital, give street of ical Center, Be	thesda 14, Md.	d. STREET ADDRESS 3303 Faye	tte Road			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First George	Middle Lambert	Brown	4. DATE OF DEATH	Manth August	Day	Year 19 <b>5</b> 9
5. SEX Male	White WIDOWE		B. DATE OF BIRTH August 18,	1904	54 yrs. Mont	hs Days	F UNDER 24 HRS. Hours Min.
during most of wark	on (Give kind of work dane 10b. ing life, even if retired) rug Clerk U.S	• Government		ngton, D.			• A •
Charles !	L. Brown		ERMA THE		7		
	R IN U. S. ARMED FORCES? 16.	577-07-6317	The Clinical	dical Rec	ord Address	14. Ma	ryland
Conditions, if or gove rise to in couse (a), stoling lying cause lost.	nmediate (	Circhias Hornock	is of the c	evice o	/ /	2.07 1/ 1/20	WAS ALVORON
CAI		CRIBE HOW INJURY OCCURRE					PERFORMED?
(IF EITHER, NOTIFY  20c. TIME OF INJURY  Hour o. m.  p. m.	MEDICAL EXAMINER)	Not while fa	ACE OF INJURY (Home, for clory, street, affice bldg., el	m, 20f. (City or tov	~n)	(County)	(State)
21. I certify the alive an ACTUAL SIGNATURE	ot I attended the decease August 1 195	and that death	occurred at 8:05	ADDRESS (Street, c inical Cer al Institu	causes and arity or town, state)	n the date	the decease stated abav DATE SIGNI
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N, 27b. DATE THEREOF 8/4/59	27c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (	City, town, ar count		(Stote)
23. FUNERAL DIRECTOR"	SIGNATURE PUMPHREY INC.	ADDRESS SILVER SPR	ING, MD. DATE	DG 4 REGISTER	24b. REGISTRAR'S	SIGNATURE	A

deoth: Page 4 the hospital or attending physician.

OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with detached for use as the burial-transit and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours the registror prior to buriol, cremotion, or removal, and in any event within 72 hours page 3 should be detached for use as the burial-transif permit. TO HOSPITAL OR moy be retoing TO FUNERAL DI VS A15 (4) 15M 10/57

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the registrar prior ta burial, crematian, ar remaval, and in ony event within 72 habrs after

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A1S (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9250

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 215

09191

1. PLACE OF DEATH o. COUNTY Montgomer	у	MARYLAND	2. USUAL RESIDENCE (V o. STATE Missouri		If institution COUNTY	: Residence be	efare admis	sion)
b. CITY OR TOWN (II RURAL ond give ne Bethesda	/_ \	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	f outside corporate lin	nits, write RU		nearest tow	n)
d. NAME OF HOSPIT	AL (If not in hospitol, give stree al Hospital	et address)	d. STREET ADDRESS	agar-an-			ON	SIDENCE A FARM?
U. D. May	at nospitat		RFD #4				ILS N	7 40 []
3. NAME OF DECEASED (Type or print)	First Leslie	Middle Holmer	BULL	4. DATE OF DEATH	Augus		Doy 22	Year 19 59
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG		FUNDER 1 YE	$\rightarrow$	T
Male	Caucasian widow	WED DIVORCED	3-29-96	6	bìrthdoy) 3 yrs.	Months Day	s Hours	Min.
during most of work  Farm Worl	ON (Give kind of work done 10) ing life, even if retired)	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sto			12. CITIZEN		COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN					-1/1
John BUL	L		Nellie DE	во				
15. WAS DECEASED EVE (Yes, no, or unknown) Yes	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service) 5/17 to 9/19		INFORMANT Hospital Reco	m d a	Addre	SS		
Conditions, if or gove rise to it cause (a), stating lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	m mediote (	Covor Covor Scontributing to Death BL	any atte	Lusian Voscleros MINAL DISEASE CON	L'O	N IN PART 1(o	PERF	AUTOPSY ORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	RED. (Enter noture of injury i	n Port I ar Part II af	item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Whil		PLACE OF INJURY (Home, fo foctory, street, office bldg., e	rm, 20f. (City or tov	wn)	(Coun	ty)	(Stote)
21. I certify the alive an Augustanture  PHYSICIAN'S	at 1 attended the decedust 21 19	osed fram July 27 59 , and that deal		AM, from the c ADDRESS (Street, c	auses and ity or town, s	an the do	ate state	
NAME (Type) F		LCDR, MC, USI		Maryland				
REMOVAL (Specify) Burial	N, 22b. DATE THEREOF	Arlington Na		22d. LOCATION (			(Sta Irgir	
23 FUNERAL DIRECTOR	S SIGNATURE,	ADDRESS Wash.	700 24g. RE	C'D BY REGISTRAR		RAR'S SIGNA		
W W Chamber	g Fineral Home	1400 Chapin	St. NW DATE	AUG 2 5 '59	an	hun S. K.	hand	

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VS A1S (4) 1SM 10/57

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ral dir	M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9251 **CERTIFICATE OF DEATH** 

09192 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (W	here deceased	l lived. If instituti	an: Residenc	ce befare od	mission)
Mont	gomery		MARY		Virgi					
RURAL and give n	If autside carporate limi earest tawn)	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpor	rate limits, write R	URAL and g	ive nearest t	lown)
Bethesda			973 days		Alexandri	a			8	X-3
OR INSTITUTION	TAL (If not in haspital, g	jive street	address)		d STREET ADDRESS					RESIDENCE N A FARM?
The Clin	ical Center	r, Be	thesda 14,	Md.	711 Manor	Road,	Apt. #	303		□ NO <b>□</b>
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon		Day	Year
(Type ar print)	Eleano		Joseph	ine	Burke	DEATH	Augus	t	30	1959
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D B	. DATE OF BIRTH		9. AGE (In years	IF UNDER		
Female	White	WIDOW	ED DIVORCE		March 20, 1	927	lost birthdoy) 32 yrs.	Months 7	Days Hau	Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark king life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (State	ar fareign co	untry)	12. CITI	ZEN OF WH	AT COUNTRY
Press Or		<b>'</b>	Private		Pennsylv	ania			U. S.	A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Steve Te	nko				Margaret	Kosa	fleer			
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT The Me		Record Add	ess		
(Yes, no, or unknown)	Jif yes, give war or dates of s		206-22-1718		e Clinical C				Manzel	hre
	TH [Enter only one co		ne far (a), (b), and (c).]		o ozzazoki o	01.001	2001020	. 449		
	TH WAS CAUSED BY:		Hodgkins D						ONSET A	ND DEATH
201	IMMEDIATE CAUSE (a	1	Houghting D.	rseas	se .				3 yr	rs.
2011	DUE TO		0							
Canditions, if a		)	Cryptococco	0318					1 mc	onth
cause (a), stating										
lying cause lost.	) (c									
PART 11. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W/	AS AUTOPSY REORMED?
										NO [
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter nature of injury in	Port I or Part	11 of item 18.)			
	Y Month, Day, Yes	ar 20d. It	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, farm	n, 20f. (City	or tawn)	IC	ounly)	(State)
Haur a.m.	19	While	Nat while	facto	ary, street, affice bldg., etc	E.)		10.	0011177	(sidie)
		_			70	-20 4	1 50			
21. I certify th	at I attended the	decease	ed from 25 Ma	ayı	, 19.59_, to	30 Au	gust 1959	,that I lo	ast saw th	ne decease
alive on 30	August	19_5	29, and that	death o	occurred at 10:45	PM, fram	the causes a	nd on the	e date st	ated abave
ACTUAL	11	(					eet, city ar town,	state)		DATE SIGNE
SIGNATURE	Harold.	7.1.	allm	М	D. The Cli				0/	31/59
PHYSICIAN'S NAME (Type)	Harold J.	Fal	lon, M. D.				itutes of Maryland	f Heal	lth	
220. BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY		ON (City, tawn, o	r county)	15	tate)
Bur-Trans	it 9/3/5	9			Lourdes		inson '	""		Pa.
23. FUNERAL DIRECTOR"			ADDRESS	, ,,			AR 24b. REGIS			ra,
Robert A	. Pumphre	y 1	Bethesda,	Mar	and l					

	ATE OF DEATH		
			Transfer Co
	atriumoIX	por AST	
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	to come in the contract of the		Surface States
	No orthogon Combes, Butshed		

#### FOR STATE

HEALTH DEP M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negasary, please execute the costs, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral poten. Page 4 should be removeded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained my your, filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9252

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09193 Reg. Dist. No.

1.	PLACE OF DEATH  G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	monly mery MARYLAND	o. STATE had b. COUNTY monto
	b. CITY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give poorest town)
	ya. The Street Rill Course	× 4 Florition R-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/d. STREET ADDRESS IS RESIDENCE
	Wantiel Rd 1.	Warfuld Bd VES NO W
3	N. NAME OF DECEASED (Type or print) Cher First Amiddle	Lost 4. DATE Month Doy Year OF DEATH C 9 1959
5.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. 8.	DATE OF BIRTH 9. AGE I'm years   IF UNDER 14 EAR IF UNDER 24 HRS.
	hale wyowed Divorced 1	-16 -1908 lost birthdoy Months Days Hours Min.
10	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI	
1	during most of working life, even if retired)	md occ
Vi		14. MOTHER'S MAIDEN NAME
D	A. 12. 70.	Carrie Bull Bratter
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	ORMANT Address
	(It yes, give war or dates of service)	ilda Butler (wife) Ilm 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	I lot the way
	163X DUE TO	1421
	Conditions, if ony, which) (b) Me levels	
	gave rise to immediate cause (a), stating the underlying DUE TO	
	couse last. (c)	
1	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
A A		PERFORMED?
ACITA PIENCATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	er noture of injury in Part I or Part II ol item 18.)
3		OF INJURY (Home, form, 20f. (City or lown) (County) (State)
20.2	Hour o. m. While Not while factory of work at work	y, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above	e, held on Autopsy . Inspection . Inquiry . and in my
	opinion death resulted from: Natural causes , Accident	
	A TOTAL COSTON PAIN THEOREM L	p, states [1], states [1], Sinderestituted matther [1]
	ACTUAL TO 10-Band	CHIEF MEDICAL EXAMINER T
	SIGNATURE Many 4-1 Supriment	M.D. CHIEF MEDICAL EXAMINER (
	EXAMINER'S FLANK J Bhaschant	DEPUTY MEDICAL EXAMINER 1 8 -9-53
2	120. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR C	
	REMBUTING 8/12/59 Brooke Grove	Laytonsville. Mi.
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Refeet R. Sumble Bookville, id.	DATE AUG 1 2 '59 Chilmy & Krana
R-		

Cityenty La Broken Common A Liver Company Compan THE RESIDENCE OF THE PARTY OF T . The second

9253

#### **CERTIFICATE OF DEATH**

09194

								Keg. D	131. 140.	
1, PLACE OF DEA	тн	No.		II A STATE	DENCE (W	here deceased	lived. If instituti	on: Resider	nce before odi	mission)
Montg	omerv		MARYLA	ND I	rvlan	2	b. COUNTY	tgome	3777	
b. CITY OR TO	WN (If outside corporate l' give nearest lown)	mils, write	c. LENGTH OF STAY IN				rote limits, write R			own)
Olney			22 days	X De	rwood					
d. NAME OF H OR INSTITUT	IOSPITAL (If not in hospital	, give street	oddress)	d. STREET				4.53	10	RESIDENCE
Montgom	ery County C	enera	l Hospital	Rt	#1				YES	NO !
NAME OF DECEASED		First	Middle	lo	st	4. DATE OF	Mor	th	Day	Yeor
(Type or print)		C. ora	Lee		utt	DEATH	Au	gust	3	19 59
. SEX	6. COLOR OR RAC	E 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRT	Н	1000	9. AGE (In years last birthdoy)		R I YEAR IF UI	
remale	white	WIDOW	ED DIVORCED	3 2/13/	00		69 yrs.	Months	Days Hou	ers Min.
o. USUAL OCCU		k done 10b	KIND OF BUSINESS OR I			or foreign co	ountry)	12. CI	TIZEN OF WH	HAT COUNTRY
	nursing care		self-employe	d Mom	- T				TECLA	
3. FATHER'S NAM			GCTT -CHIPTOYE	14. MOTHER'S	yland				USA	
	n Shaw			Mar	y Vir	ginia	Sullivan			
S. WAS DECEASE Yes, no. or unknown]	DEVER IN U. S. ARMED For (If yes, give wor or dates of		SOCIAL SECURITY NO.	17. INFORMANT	SUTA		Add	ress	EDE DON	
no	(ii yes, give wor or oaks)		77-01-9250	Hospit	al Re	cords	0	lney.	Marvl	and
18. CAUSE O	F DEATH [Enter only one	couse per	ine (or (o), (b), and (c).]	- 1					INTERVAL	SETWEEN ND DEATH
PART I	. DEATH WAS CAUSED 81		(ax a sa	so tour	. (	20		1	ONSIT A	ND DEATH
171	IMMEDIATE CAUSE		CHACI	colos	1	M	641156	0	0	V-C-4
1///	DUE	TO	10		, <	MA	, ,	1	10	
Conditions,	if ony, which )	(b)	Dans	ours xlai	ma c	Db 66	LYIUNG	Jeri	1	MYS.
	to immediate DUE					1	1	1-7		1
lying couse	oring the under-									V
		(c)								
5 PART II	. OTHER SIGNIFICANT CO	ONDITIONS .	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(0) 19. WA	AS AUTOPSY REORMED?
PART II										NO T
20- ACCIDEN	IT WAS UNDERLYING I	20b. DES	CRISE HOW INJURY OCC	URRED. (Enter noture of	of injury in	Port I or Port	11 of item 18.)			
(IF EITHER, NO	OTIFY MEDICAL EXAMINER	o l								
	NJURY Month, Day,	Year 20d. I		e. PLACE OF INJURY	Home, form	n, 20f. (City	or town)	- (	County)	(Stote)
Hour o	16	While	Not while	factory, street, offic	e bldg., etc	.)				
i p	). m,	of wo	rk of work	-		-				
21. I certif	y that leattended th	ne deceas	ed fram MAM	1954	ta	X13	1959	that I	last saw th	e decease
alive an	812	0 104	ond that d	ath accurred at	1.88	AUL				
dilve dil	2	-X' '>	et-,-, and mar de	am accurred at					ne date st	
	11-04	144	An.			ADDRESS (SI	reet, city or town,	stote)		DATE SIGNE
ACTUAL SIGNATURE	N	7	XVW	M.D.						
		/								
PHYSICIAN'S NAME (Type)			1							
	C. H. Lie	on, M		Sa	ndy-S	pring,	Marylan	d		
20. BURIAL, CREM REMOVAL (Sp.		EOF	92. NAME OF CEMETER	RY OR CREMATORY		22d. LOCAT	ION (City, town,	or county)	(5	ilote)
burial	8/6/59		Colesvil	le Cemeter	V	Col	esville.	Marsi	hand	
	HOR'S SIGNATURE EY.	+				D BY REGISTI				
	E. Pumphrey,	Tuc.	, Silver Spr	ing, Md.			ZAD. REGI.	31 MM N 3 311	OHATORE	
Kaymon	rd a. Bisk	L			DATE:	159	Orthu	8 46	ALLA	

may be retain. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon copers. Pages 1 and 2 shauld be filled with the registror priar to burial, cremation, ar remayal, and in any event within 72 hours after death. death: Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 15M 10/57

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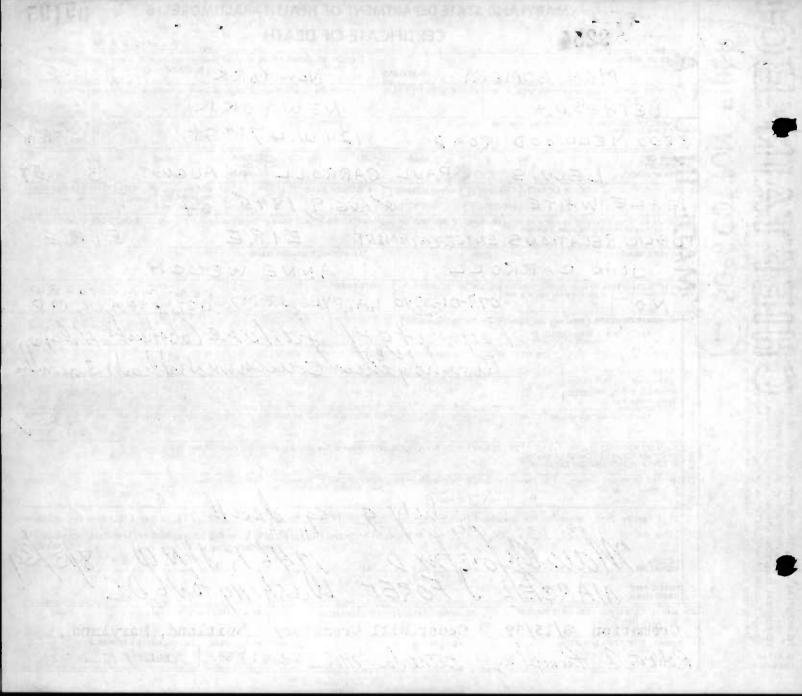
9254	CERTIFICA	TE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH  o. COUNTY  MONTGOME	RY MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE NEW YOR!	d lived. If institution: Residence before adm K b. COUNTY New Yer	nission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	orate limits, write RURAL and give nearest to	own)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION & COO MELWOOD	r oddress)	d. STREET ADDRESS 124 W. 47TH	C+ ON	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print) LEWIS	PAUL C	LOST 4. DATE OF OF DEATH	AUGUST 13	Year 195
5. SEX ALE 6. COLOR OR RACE 7. MAR		AUG: 9, 1895	9. AGE (In years lost birthday)	
	KIND OF BUSINESS OR INDUS	IT EIRE	ountry) 12. CITIZEN OF WHA	T COUNTRY
JOHN CARRO	L_		ELCH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dales of service)	77-01-2340 L	A. PYLE, JR. MP	BETHESDAIY,	MD
18. CAUSE OF DEATH [Enter only one couse per-	ine for (o), (b), and (c).] 2.5 p1+C1+O1	- failur		BETWEEN NO DEATH
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.	who gen	u careino	mas (at least) 3 m	routh
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a) 19. WARPER YES	REORMED?
	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I or Por	t    of item 18.}	
Hour o. m. While	for all	CE OF INJURY (Home, form, 20f. (City tory, street, office bldg., etc.)	or town) (County)	(Stote
21. I certify that I attended the decear	sed fram 11 1 2 57, and that death	accurred at 11:30 TM, fram	the causes and an the date stat	ted abaye
ACTUAL SIGNATURE Malley A	netmet.	A.D. JABORESS (S	treet, gly for town, state)	ATE SIGNE
PHYSICIAN'S MARCELL	J FORE!	- Washing	1 toN6 D.C	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Cremation 8/13/59	22c. NAME OF CEMETERY OR Cedar Hill	Crematory Su	itland, Maryland	State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Renda	MA DATE AUG 1 7 '5		

TO HOSPITAL CONTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs of death. Page 4 may be retained, the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotion, or removal, and in any event-within 72 hours after death.

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VS A15 (4) 15M 9/58



## OR STATE HEALTH DEPT. M 30 die 13. FATHER'S NAME poges should be

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND gem 10n1 90mery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give fiebrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES | NO 00 4. DATE Month Year DEATH 19.5 AARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE IF UNDER TYPAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) AbyeFirestone & Rubber 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address Ill yes, give war or dates of service) ard 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO Z 20b. DESCRIBE HOW NJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) Month, Day, Year (County) (State) factory, street, office bldg., etc.] While Not while @ M of work all work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection . opinion deoth resulted from: Notural couses . Accident . Suicide , Homicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M

220. BURIAL CREMATION. Burial 23. FUNERAL DIRECTOR'S SIGNATUR

Conditions, if any, which gave rise to immediate cause

(a), stating the underlying

200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.

20c. TIME OF INJURY

ACTUAL SIGNATURE

EXAMINER'S NAME (Type)

couse last.

PLACE OF DEATH

a COUNTY /

NAME OF

DECEASED (Type or print)

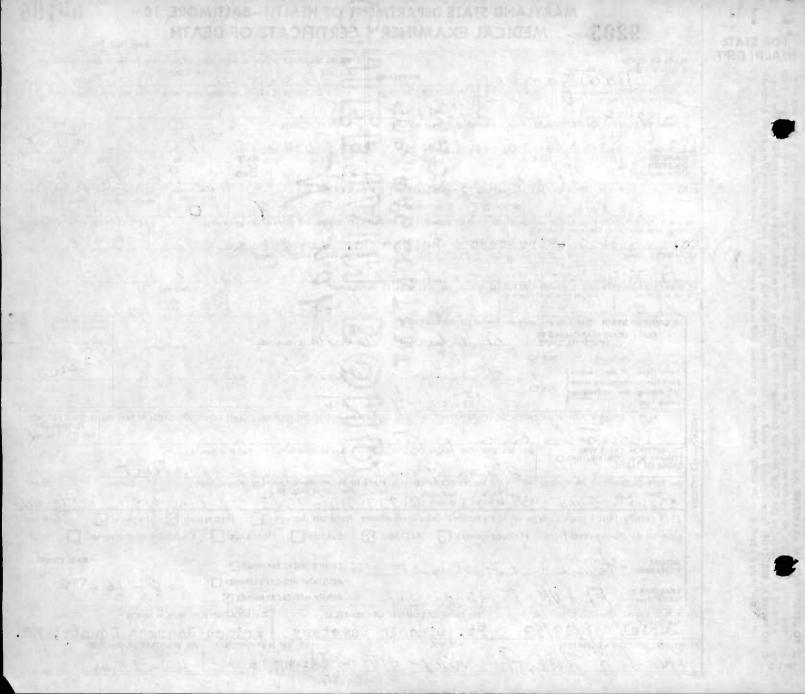
> 22c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery ADDRESS

22d. LOCATION (City, town, or county) Prince Georges County.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS. ATSME 5M 2/57



#### FOR STATE HEALTH DEPT.

TO DEPUTY MY ALL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is a ssary, please execute the discontaining the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral pictor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9255

09197

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1	1. PLACE OF DEATH O. COUNTY MC	ntgomery		MARYL	AND	2. USUAL RESIDENCE	(Where decease	b. COUN	TV	gomery	
	and give nearest tov		RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN		orate limits, writ	RURAL and	give nearest tax	(n)
١.	d. NAME OF HOSPI	TAL OR INSTITUTION (II	nat in hospit		1	d. STREET ADDRESS				e, tS RE	SIDENCE
		arendon R				6923 C	larend	on Roa	d		NO NO
	3. NAME OF DECEASED (Type or print)	NEWELL Pirs		D.		CHASE	4. DATE OF DEATH	Au			59
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		R 24 HRS.
	Male	White	WIDOWED [	DIVORCED [	וכ	Jan. 16.	1871	88 yrs	Months D	ays Hours	Min.
1	10a. USUAL OCCUPAT during most of work	ION (Give kind of work ding life, even if retired)  1 - Engr.		ngineerit		Y 11. BIRTHPLACE (Sto	imore,	ountry)	12. CITIZ	J.S.A.	COUNTRY?
	Hanibal	Chase				Rebece	ca New	ell			
		VER IN U. S. ARMED FOR	ervice)	one		FORMANT s. Nina R		Addre		endon l	Rd.
	Conditions, if gove rise to imm (o), stoting the couse lost.	ediate couse	Ari	cular fa	bri				IVEN IN PART	in beomoths  Months  1(o) 19, WAS A PERFOY YES 1	s utopsy
	PRIMARY OF CO	ONTRIBUTING [			RED. (Er	ter nature of injury in P	art I or Part II	of item 18.)		,	
	Hour o. m	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 10 PLACE OF INJURY (Hame, form, factory, street, office bldg., etc.)  While Nol while p. m. 19 at work of work 10 of w									
		21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined monner									
	ACTUAL SIGNATURE	Sant J.	Bus	rhart		M.D. CHIEF MEDICAL		· [7]		DATE SI	GNED
			rosch	art		DEPUTY MEDICA		Total .	igust :	10, 19	59
	220. BURIAL, CREMATI REMOVAL (Specif	ON, 226. DATE THEREO	F 2	2c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCAT	10N (City, town	, or county)	(State	)
	Cremation	n  8/10/59		edar Hil	1 C	rematory	Prin	The second second	rge C	Married World Co.	•
	23. FUNERAL DIRECTOR Robert A	. Pumphrey	, Bet		, M	arylandare	AUG 1 1 '5		Estrar's sign		

			ALEON ALEON	
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		and grands		
			ord sage Bros	
Manual Co. Tanan				

TO HOSPITAL OF

VS A15 (4) 15M 9/S5

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09198

	See CERTIFIC	LAIE OF DEATH Reg. Dist. No.
)	1. PLACE OF DEATH o. COUNTY  Montgomery  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTON TEOMETY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ROCKVILLE.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 812 Grandin Avenue	812 Grandin Avenue  6. IS RESIDENCE ON A FARM? YES NOTE:
	3. NAME OF DECEASED (Type or print) GRACE COLLONS CLAGETT	Lost 4. DATE Month Day Year OF DEATH Aug. 11,1959 19
	5. SEX Female  6. COLOR OR RACE White WIDOWED DIVORCED	9/9/15 X 3 yrs. Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BURTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Potomac moulant USA
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  E/12 Fadeett
	15. WAS DECEASED EVER IN U. S. ARMED PORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	nughter - Rose Lee Chilliant Renue
	1B. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Embolisin Due Heraulio Phlos I hour
	Conditions, if any, which gove rise to immediate out of the land of the control o	Infarction 2 meets
	lying cause lost. (c) Civilerio de	Ceronis BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	3 Dishetes mellit	PERFORMED? YES NO
		RRED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from OCA alive an 10 11 11 11 11 11 11 11 11 11 11 11 11	ath accurred at A. M. from the causes and an the date stated above.  ADDRESS ISHNOOL CITY OF TOWN, STOTE  M.D. C. L. W. Markly Call Control of the control o
	PHYSICIAN'S Wm. S. Murphy 525 W.	Montgomery Ave., Rockville, Md.
	220. BURIAL CREMATION, REMOVAL (Specify) 8/13/59 22c. NAME OF CEMETER St. Mary	(5.5.5)
	23. EUNERAL DIRECTOR'S SIGNATURE ROCKORLLE, h	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAUG 1 4 '59  Coulag & Have

	ME OF DEATH	S289 CERTIFICA
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TO HOSPITAL OR

VS A15 (4) 1SM 10/S7

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aw requires that the death certificate be executed within 24 hours after death. Page 4	'	been signed by the ottending physician and completely filled in by the funeral directar,	transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with
er death.		funeral	ould be f
hours after		in by	ond 2 she
ithin 24		ely filled	Poges 1
ecuted w		complete	papers
ate be ex		cian and	carban
certifica		ng physi	e remove
the death		e ottendi	en pleos
res that		ed by th	ermit. Th
aw requi	sician.	been sign	transit pe

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9256

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

09199

1. PLACE OF DEATH o. COUNTY Montgome			MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased li	b. COUNTY	Mary		nission)
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporat	e limits, write RI	JRAL ond gi	ive nearest to	own)
Bethesda			88 days	Ridge			18 X-	2	
	ITAL (If not in hospital, g			d. STREET ADDRESS					ESIDENCE
The Clir	ical Center	, Be	thesda 14, Md.	None					□ NO <b>1</b>
3. NAME OF DECEASED (Type or print)	Robe	rt	Middle Roach	lost Clarke	4. DATE OF DEATH	Augu		Doy 30.	Yeor 19 <b>59</b>
S. SEX	6. COLOR OR RACE	7. MARE	RIED MEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1	YEAR IF UN	IDER 24 HRS.
Male	White	WIDOW	ED DIVORCED	January 4. 1	1915	lost birthdoy)	Months [	Days Hour	rs Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU		or foreign coun	try)	12. CITIZ	ZEN OF WH	AT COUNTRY
Owner of Co	oncrete Comp	any	Concrete	Mary	rland			U.S.A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Garland C	larke			Celeste Re	ach				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT The Med		cord Addr	ess		
No	the grant of or order of t			he Clinical C				Maryl	and
	ATH [Enter only one co		ne far (a), (b), ond (c).]					INTERVAL	BETWEEN
PART I. DE	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary hemorrhage							ONSET AND DEATH	
2043	DUE TO							17.11	TIM MOST
Conditions, if		Acu	te myelocytic	leukemia				l ve	ar
gove rise to couse (o), stoting	Immediate (								
lying couse lost		)							
PART II. O	ther significant con		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE C	ONDITION GIVE	EN IN PART	PERI	S AUTOPSY FORMED?
200. ACCIDENT W	AS UNDERLYING		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II	of item 18.)		1.25	1 110 65
U (IF EITHER, NOTIF	AS UNDERLYING COME CAUSE OF DEATH AMEDICAL EXAMINER)								
20c. TIME OF INJU		or 20d. If	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	n, 20f. (City or	town)	ICo	ounty)	(State)
Hour o.m.	10	While of wor	Not while	ctory, street, office bldg., etc	c.)		3298		
	hat I attended the		June 3	, 19 59 , to Au	gust 30	10.59	al a 1 1		
	gust 30	_, 19_	3	2:15	A., .		,that I lo	ast saw the	e deceased
dive on	1 (	12.	, and that death	accurred at 2:15	ADDRESS (Stree				ited abave
ACTUAL SIGNATURE	DALLAN M			Mp The Clinic			, ioie,		30/59
SIGNATURE	C COST	/11		National I	nstitut	es of H	ealth	0/	20/22
PHYSICIAN'S NAME (Type)	Jerry S. Tri	er.	M.D.	Bethesda 1					
	ON, 226. DATE THEREC		22c. NAME OF CEMETERY O			N (City, town, o	county)	161	ote)
REMOVAL (Specify	9/2/59	)	St. Michael					(3)	Uie)
23. FUNERAL DIRECTO	R'S SIGNATURE	100	ADDRESS		D BY REGISTRA	24b. REGIS	TRAR'S SIGH	NATURE an	d
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# of, cremation,

## 9258 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

			RESIDENCE (Where deceased lived. If Institution: Residence before admission)
		o. COUNTY MUNTEUMENS MARYLAND O. STA	te ma b. county montes
	Ь	b. CITY OR TOWN (If outside corporal limits, write RURAL c. LENGTH OF STAY IN 1b c. CIT	OR TOWN (If outside corporate timits, write RURAL and give nearest town)
		Silvan Spring 17 ym 56	Tilve spring
,	d		eet Address  o. 15 RESIDENCE ON A FARM?
1		7721 Castern Cur	2 Custern Civz YES NO DA
		3. NAME OF SIGN Middle	Last 4. DATE Month Day Year
		(Type or print) Lloyd Phillip Coblents	DEATH GWA 25 1959
	5. S	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF	PTH 9. AGE In year IF UNDER 1YEAR IF UNDER 2 HRS.
		mule white WIDOWED DIVORCED -	21-06 SS yrs. Months Days Hours Min.
	10o.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired)	
	-	delivar man Becker X ray	Vashington, D.C. 41.S.C
	13.		ER'S MAIDEN NAME
			illian B. Shalkop
		15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown)   (If yes, give wor or dates of service)	Address Washington, D.C.
		yes   WW #2   578-24-4921   Mrs. Li	Ilian J. Poole, 111 Wayne Place, S.E.
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ODIET AND DEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ision Toud dead
		420./ DUE TO	in feel
		Conditions, if any, which gove rise to immediate cause	
		(o), stating the underlying DUE TO	
		couse last. (c)	
4	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
)			YES NO NO
	CERTIF	20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature PIMARY OF OF DEATH.)	of injury in Part 1 or Part II af item 1B.)
	-		
	MEDIC	Hour a.m. While Not while foctory, street, a	RY (Hame, farm, 20f. (City or town) (Caunty) (State)
	W		
		21. I certify that I taak charge of the remains described abave, held	44
		death resulted from: Natural causes , Accident , Suicide ,	Homicide, Undetermined cause
		ACTUAL OF A BANK A	DATE SIGNED
)		SIGNATURE MARK IN MODERAL M.D. CHI	EF MEDICAL EXAMINER
		EXAMINER'S ELAYIN T RIAGALLA	UTY MEDICAL EXAMINER TO 8-25-37
	220		
		220. BURIAL, CREMATION, REMOVAL (Specify)  220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATOR 221. NAME OF CEMETERY OR CREMATOR 221. NAME OF CEMETERY OR CREMATOR 222. NAME OF CEMETERY OR CREMATOR 223. NAME OF CEMETERY OR CREMATOR 224. NAME OF CEMETERY OR CREMATOR 225. NAME OF CEMETERY OR CREMATOR 226. NAME OF	
	-	BURIAL 8/31/59 Arlington Nat'1, C	
	J.	23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC. SILVER SPRING, MD.	DANG 3 1 '59 Cuthy & King
	-	Kaimina A Zirka	DAME OF THE

VS. A15ME(5) 5M 9/55

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TO HOSPITAL 9

VS A15 (4) 15M 9/58

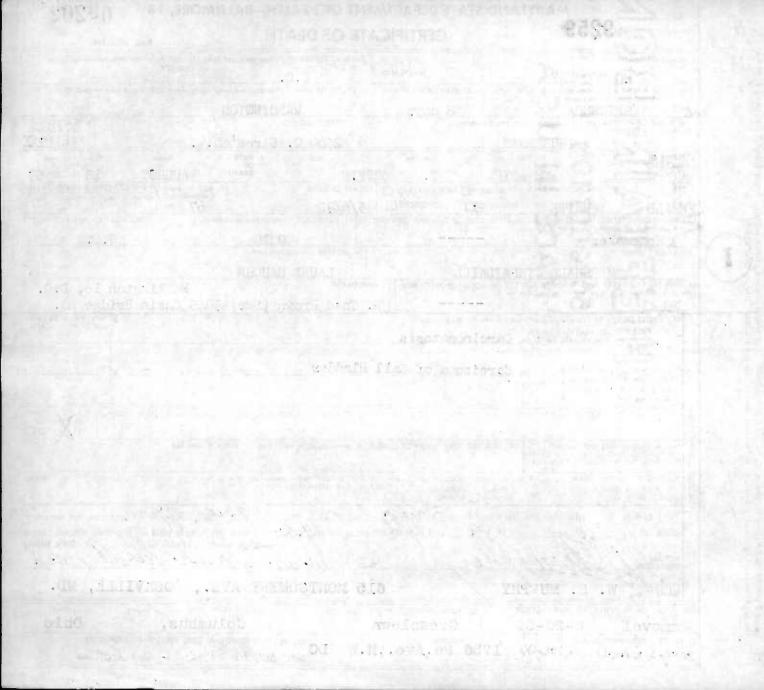
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9259

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

09202

1. PLACE OF DEATH  o. COUNTY  MONTGON	MER <b>Y</b>	MARYL		. USUAL RESIDENCE o. STATE		d lived. If instituti b. COUNTY		nce befor	e admiss	ion)
b. CITY OR TOWN (If outside RURAL and give nearest to	e corporote limits, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN	(If outside corpo	orote limits, write F	RURAL ond	give nea	rest town	1)
BETHESI		8 days		WA	SHINGTO	N 4	47x-	3		
d. NAME OF HOSPITAL (If no OR INSTITUTION	ot in hospital, give stree			d. STREET ADDRES	S			UNDER 1 YEAR IF UNDER 22 Anoths Doys Hours A 12. CITIZEN OF WHAT COUNTY U.S.A  INTERVAL BETWE ONSET AND DEA  INTERVAL BETWE ONSET AND DEA  (County)  (County)  (County)  (County)		
OK INSTITUTION	SUBURBAN			2500 0.	Street	N.W.				
3. NAME OF	First	Middle		Lost	4. DATE	Mor	rth	Day	,	Year
(Type or print)	M ARIE	T.	COFI	FIN	OF DEATH	AUGI	JST	18	3	19 59
5. SEX 6. CO	LOR OR RACE 7. MA	RRIED NEVER MARRIED	В. 1	DATE OF BIRTH		9. AGE (In years lost birthdoy)		TYEAR	IF UNDE	
FEMALE WE	TTE WIDO	WED DIVORCED		5/6/92		67 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION (Give during most of working life,	e kind of work done 10	b. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (S	tote or foreign o	ountry)	12. CIT	IZEN OF	WHAT	OUNTRY
Homemaker	even if fetired)				OHIO			II S	Δ	
13. FATHER'S NAME				14. MOTHER'S MAID				0.0	o XX	
MARSE	HALL THRAT	TKTTT	170	LAURA	UATICHN					
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	INFO	DRMANT	IIAUGIIIV	T.T. Adv	(Phate	n 16	5 D	C
(Yes, no, or unknown) (If yes, given NO	ve war or dates of service)		MR	Thad Brow	n (Son)					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH										
PART I. DEATH WAS CAUSED BY:										
155./ DUE TO										
Conditions, if ony, whi	Conditions, if ony, which) (b) Carcinoma of Gall Bladder									
gove rise to immedia	gove rise to immediate									
lying couse lost.	couse (a), storing the under-									
Z PART II. OTHER SIGN		CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 15	. WAS	<b>≜</b> UTOPSY
PART II. OTHER SIGN  20g. ACCIDENT WAS UNDI OR CONTRIBUTING  OR CONTRIBUTING  CAL OR CONTRIBUTING  OR CONTRI									YES A	NO
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)										
20c. TIME OF INJURY Mon Hour o. m. p. m.	Whi		Oe. PLACE foctor	OF INJURY (Home, y, street, office bldg.	form, 20f. (City, etc.)	y or town)	(	County)		(Stote)
		7 .	0	. 57	101	1116 5	9.			
21. I certify that I a		- 01		, 19.3.7., ta_						
alive an 18.666	19	and that o	death a	ccurred at 795				e date		
ACTUAL //	Much	Wa.	6	1566	ADDRESS (S	treet, city or town,	stote)	6	DAI	E SIGNEL
SIGNATURE	MANA	lly	9M.E	. Willey	il al	ase co ju	12.2	L	1 10	-20
PHYSICIAN'S W. S	. MURPHY		615	5 MONTGO	MERY A	VE., RO	CKVI	LLE,	MI	).
REMOVAL (Specify)	. DATE THEREOF	22c. NAME OF CEMET		REMATORY		TION (City, town,	or county)		(Stot	
Removal	3-20-59	Greenl	awn			lumbus,			Oh:	10
23. FUNERAL DIRECTOR'S SIGN	ATURE 1	756 Pa.Ave	N	W DC 24a.	REC'D BY REGIS		STRAR'S SI			
Tough Kim Cis	4.00	, oo laan	. 124	DATE	AUG 21	'59 C	Irthur .	8. 1h	m4	



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9260 the attending physician and campletely filled in by the funeral director, Then please remove carban papers. Pages 1 and 2 should to Thed with

CEDTIEICATE OF DEATH

09203

0000	CERTIFICA	AIL OI DLAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If insti	itution: Residence before admission)
b. CITY OR TOWN (If autside copo ate limits, write E. RURAL and give larest tawn)	LENGTH OF STAY IN 16	c. CITY OF TOWN (IF o	outside carporate limits, wri	te RURAL and give nearest tawn)
NAME OF HOSPITAL (If not in haspital, give street addr OR INSTITUTION	ess)	d. STREET ADDRESS	Pd.	e. IS RESIDENCE ON A FARM? YES M NO
3. NAME OF DECEASED (Type or print) WILLIAM	Middle R	COLLINS	4. DATE OF DEATH Que	Month Doy Year
5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED TO	B. DATE OF BIRTH	9. AGE (In ye	OF UNDER 1 YEAR IF UNDER 24 HRS.
male Caul WIDOWED	] DIVORCED	9-17-18	0 2 / /	ys. 11 8
10a. USUAL OCCUPATION (Give kind af wark done 10b. KINI during most of working life, even if retired)	O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	rmING	14. MOTHER'S MAIDEN N	IAMF	14.5.4
FLEDKLIN R C	11115	Harri	ette H	11501
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO.	NFORMANT	040 170	Address Arlington
	-Unknown	Pavid R.	Collins :	3419 N. ABING DON
1B. CAUSE OF DEATH [Enter only one cause per line fa			. 1	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	tured ac	retie alda	runal are	engly ONSET AND DEATH
451X DUE TO	1	, 1		
Canditians, if any, which) (b)	terioscler	0512 d a	onta	- Years
gave rise to immediate couse (a), stating the under-		10-		
lying cause last. (c)				
PART 11. OTHER SIGNIFICANT CONDITIONS CONT  CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDT YES NO
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in 1	Part 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Havr a. m. While at wark		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		(County) (State)
21. I certify that I attended the deceased t	2472	1 1959, ta	25 and 19	Sthat I last saw the deceased
alive on ang 25, 195		1 10	11.	that I last saw the deceased and on the date stated above.
		0.0	ADDRESS (Street, city or to	wn, state) DATE SIGNED
SIGNATURE Curafan	in	M.D. 807 V	iers hu	11 1/2
PHYSICIAN'S H. C. Was an	nzini	Roch	ull hu	
220. BURIAL, CREMATION, 22b. DATE THEREOF 220	. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, tax	vn, ar county) (State)
REMOVAL (Specify) 8/28/59	Potomac Ce	metery	Potomac	, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. R	EGISTRAR'S SIGNATURE
Robert A. Pumphrey Bet	thesda, Ma	ryland DATAUG	27'59 a	Thur & Fires

TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certifica may be retained by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physic page 3 shauld be detached for use as the burial-transit permit. Then please remove the registrar prior to burial, cremation, or remayal, and in any event within 72 hause. VS A15 (4) 15M 9/5B

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

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death.

A SUPPLEMENTAL SUP 그 사용이 보냈다는 점을 보는데 그 것이 되는 것 같아. 나를 이 사이었다. Pour Act Samuel will a strain to the control of the

Page

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

**CERTIFICATE OF DEATH** 

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D	nerol director, d be filed with	3
3	l dire	0.3
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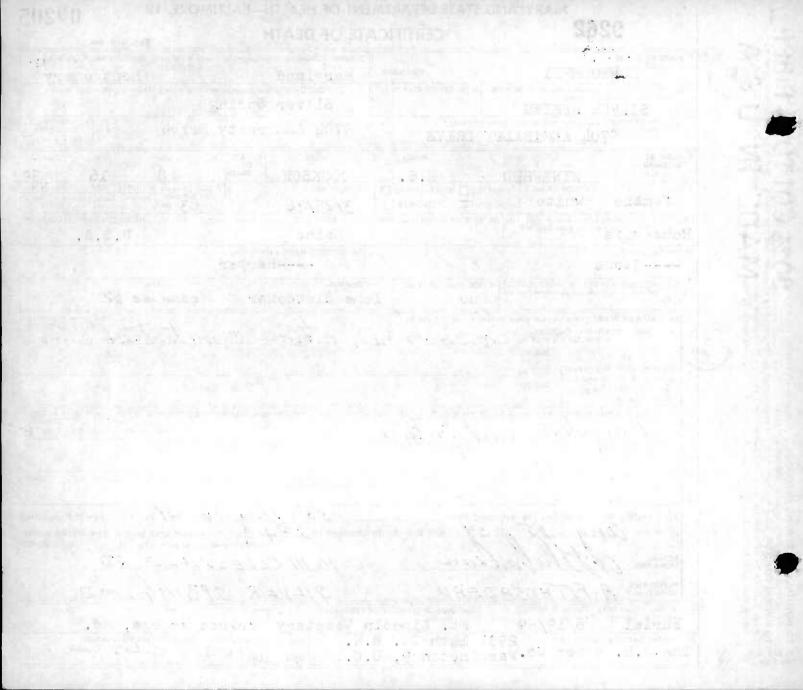
D HOSPITAL CONTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h may be retained by the hospital ar attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled ippage 3 shauld be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 of the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.

PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

-	-	
VS /	A15 (4)	
	9/58	
	7/30	

Silver Spring 704 Admiralty  Lost 4. DATE OF BIRTH OF BIRTH	Drive  e. IS RI ON YES [  Month Day 8 16  AGE (In yeors lif UNDER I YEAR IF UNDER I YEAR I YEA
Lost 4. DATE OF DEATH OOKSON 9. 1  25/76 BIRTHPLACE (Stote or foreign count Maine OTHER'S MAIDEN NAMEHarper	Month Day  8 16  AGE (In yeors lif UNDER I YEAR IF UNE lost birthdoy) Months Days Hours 12. CITIZEN OF WHAT U.S.A.  Address Same as #2
OOKSON  OF BIRTH  /25/76  BIRTHPLACE (Stote or foreign count  Maine  OOTHER'S MAIDEN NAME Harper	Address
OF BIRTH  /25/76  BIRTHPLACE (Stote or foreign count  Maine  OTHER'S MAIDEN NAME  ———Harper  NT	Address
Maine OTHER'S MAIDEN NAMEHarper	U.S.A.  Address same as #2
Harper	same as #2
	same as #2
uteans e n	INTERVAL E
LATED TO THETERMINAL DISEASE CO	CONDITION GIVEN IN PART 1(o) 19. WAS PERF YES [
INJURY (Home, form, eet, office bldg., etc.)	r town) (County)
195 3, to flug /	16., 1959, that I last saw the ne causes and an the date state et, city or town, stote)  DA
	curred at 2 2 M, fram th



M

050

r death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9263 CERTIFICATE OF DEATH 09206

Reg. Dist. No.

a. COUNTY  Montgone:			MARYLAND	2. USUAL RESIDENCE (WI	here deceased li	ved. If institution b. COUNTY	an: Residenc	e before a	admission}	
b. CITY OR TOWN	(If outside carporate lim	its, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	autside corporat	e limits, write R	URAL and g	ive nearest	t tawn}	
RURAL and give	nearest town;		142 days	Arlington		83)	(-3			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	give street add	ress}	d. STREET ADDRESS						
	ical Center	Bethe	sda Ili. Md.	6720 North	25th S	treet		e. IS RESIDEN ON A FARR YES NO Doy Yeor 12 19 5 DER 1 YEAR IF UNDER 24 I hs Doys Hours M CITIZEN OF WHAT COU U.S.A.  II. Maryland INTERVAL BETWEE ONSET AND DEAT  8 Menths PART 1(a) 19. WAS AUTO PERFORMED YES NO (County) (SI	ES NO	
3. NAME OF DECEASED		rst	Middle	Lost	4. DATE	Mon	th	Doy	Yeor	
(Type or print)	Mart	tin	Luther	Copley	OF DEATH	Augu	st	12	19 59	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER		UNDER 24 HRS.	
Male	White	WIDOWED [	DIVORCED	September 3.		53 yrs.	Manths	Days H	laurs Min.	
10o. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	dane 10b. KIN	D OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	ar foreign caun	try}	12. CITI	ZEN OF V	WHAT COUNTRY	
Laborer	orking me, even it temed		onstruction	West Vi	reinia			W.S.	Δ.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN I				4.64.4		
Moses Con	alev '			Enma Lamba						
	VER IN U. S. ARMED FOI		IAL SECURITY NO. 17.		dical R	AnondAddi	ess			
No	(ir yes, give war or odies or	2	31-05-6053	The Clinical				Mon	Lun form	
	EATH [Enter only one co	use per line fo	ır (a), (b), ond (c).]		O OUT OFF	no Mas	ua_III,	INTERV	AL BETWEEN	
PART I. DEATH WAS CAUSED BY:										
IMMEDIATE CAUSE (a) GASCIPOLITICS CLINAL HEMOTPHAGE										
Conditions, if any, which ) (b) Acute Granulocytic Leukemia									8 Months	
gave rise to immediate DIF TO								0 1	MORI CITA	
cause (a), stating the under-   DUC TO     lying cause last.   (c)										
Z PART II. O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
F AAO	## PERFORMENT YES NO F									
200. ACCIDENT V	VAS UNDERLYING TO			ED. (Enter nature of injury in	Part I ar Part II	of item 18.)		1 10	JE NO [	
OR CONTRIBUTION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF LOW ROMAN MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
3 20c. TIME OF INJU		ar 20d. INJUR	RY OCCURRED 20e. I	PLACE OF INJURY (Hame, form	n, 20f. (City ar	tawn)	(Ce	ounty)	(State)	
20c. TIME OF INJU	10	While at work	1401 WHILE	actory, street, office bldg., etc	-)					
				) 150 . Au		5'0				
alive on Au	that I attended the			124 TO ALL	RHST 12	, 19 <b>_55</b>	.,that I lo	ast saw	the decease	
dive on Au	Mor Te	, 12_22.	, and that deal		ADDRESS (Stree			e date :		
ACTUAL N	il all.	Much	auil				state}	8/12		
SIGNATURE	years C	// 0101	4000	M.D. The Clinic				0/12	-/27	
PHYSICIAN'S NAME (Type)	RICHARD C. I	MECHANI	C, M.D.	National I Bethesdal			ealth			
	ION, 226. DATE THEREC	)F 22	c. NAME OF CEMETERY			N (City, tawn, c	or county)		(State)	
BEMOVAL (Specif	Aug. 14.1	159	Wash, 1	Vational	4	. GAM	Co	( .	Md.	
23. FUNERAL DIRECTO	R'S SIGNATURE	140	ADDRESS A -A/		D BY REGISTRA	R 24b. REGIS	TRAR'S SIG	NATURE	161.	
14.44.000	imiters C	). /700	Waln	DATEAU	G 1 4 '59	Coul	hun S. 9	Travel		

may be retaine the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed 3 should be detached for use as the burial-transit VS A15 (4) 15M 10/57

CERTIFICATE OF DEATH The Clinton Center, Lettong 13,-14. Contract vertical similarily show Country on the Country of the Countr Auredical acusa Live Creating and all products of the Control of th successful like to the contract the state of the s morte was not not have more officer in the Coliffic between officer but the Coliffic and Coliffic Statement La of the Charles Jestinian Chinasa Legist nd (ask to getsdatest legalt will A A DECEMBER OF COLUMN STREET Betherda 1h, Horydand

9	2	6
9	2	6

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09207

	Reg. (	Dist. No.						
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	dence before admission)						
O. COUNTY MONTGOMERY MARYLAND	o. STATE med b. COUNTY In	mty						
b. CITY OR TOWN (If autide corpodate limits, write RURA) c. LENGTH OF STAY IN 16 and give necrest Jown)	c. CITY OR TOWN (If autside corporate limits, write RURAL or	d give pearest town)						
Hilsen Somme 20 gr	56 Dilian spring							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
14 Wessex Rd	14 Wessex Rd	YES NO						
3. NAME OF First Middle	Lost 4. DATE Month	Day Year						
	With ling	27 1955						
5. SEX OLOR OR PACE 7. MARRIED NEVER MARRIED   B	DATE OF BIRTH  9. AGE (In year)  Months  Months	R TYEAR IF UNDER 244HRS						
male Violet WIDOWED DIVORCED	1-1-190-2 57 yrs.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 1. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY						
electrical Diectrical	Stakola	U-S.a						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Charle Cranford	anni Williams							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. II	NFORMANT Address							
(Yes, no, or unknown) WW #2 377-38-8875 Mg	my Crantond - The	2						
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ontross + lacuation	sucklin						
97/4 DUE TO								
Conditions, if ony, which) (b)								
gove rise to immediate cause	NESS AND SERVICE AND							
couse lost.								
NAME OF THE PARTY		YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury In Port I or Part II af item 18.)							
PRIMARY For CONTRIBUTING CAUSE OF DEATH.	fullet wound in skee	00						
3 20c. TIME OF INJURY Month, Day, Year 200 INJURY OF CURRED 20c. PLA		ounty) (Stote)						
While Not while	ory, street, office bldg., efc.)	to The						
21. I certify that I taak charge af the remains described abo	nome   Miller Appen	more my						
		ry $[K]$ , $\alpha$ /id find the						
death resolved fram: National causes [], Accident [], Sur	cide 🔀, Hamicide 🔲, Undetermined cause 🗌	J.						
ACTUAL F 10 R	CHIEF MEDICAL EVALUATION (	DATE SIGNED						
SIGNATURE JACOB J. JACOB J.	_M.D. CHIEF MEDICAL EXAMINER	and the second						
EXAMINER'S FLANK J. BLUSCHZLX	ASSISTANT MEDICAL EXAMINER SPECIAL PROPERTY MEDICAL EXAMINER PROPERTY MEDICAL EXAMINER PROPERTY SPECIAL PROP	59						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	7\	(State)						
REMOVAL (Specify)								
Burial 18/31/59   Cedar Hill 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Prince Georges  [240. REC'D BY REGISTRAR   24b. REGISTRAR'S & ST	Co. Md.						
The S. H. Hines Co. Washington,		Theater						
THE THE METHOD OF "MENTER OUTS	DATERON							

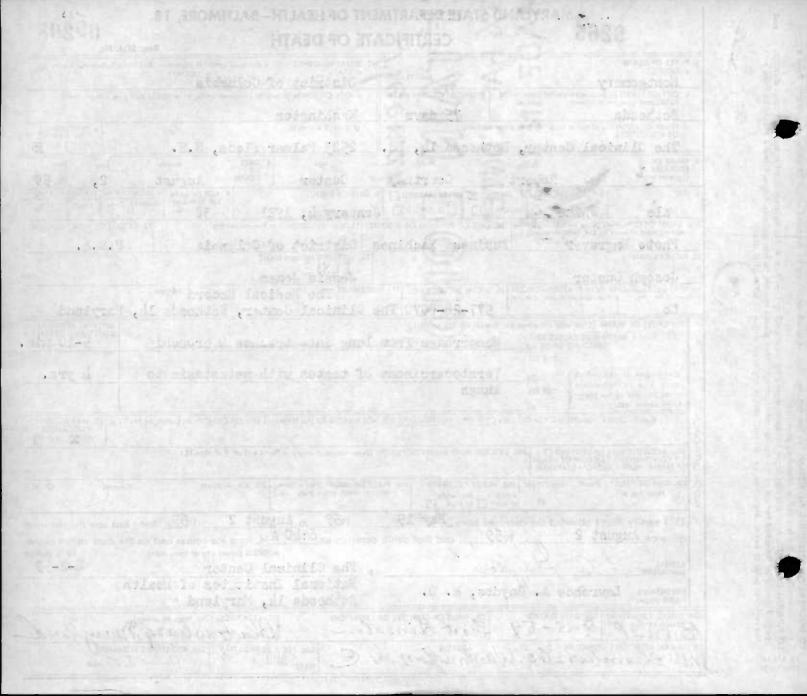
VS. A15ME(5) 5M 9/55 this bless of the Anthony 12 and 15 harders. I have said the contract their TO WEST OF THE TOTAL OF THE STATE OF THE STA

VS A15 (4) 15M 10/57 9265 CERTIFICATE OF DEATH

09208

Reg. Dist. No.

RURAL and give nearest town)	MARYLAND 2.	USUAL RESIDENCE (Whe						
Montgomery  b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  c. LENGT	MARYLAND			dence befare admission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		District of	Columbia	The state of the s				
	TH OF STAY IN 16		tside corporate limits, write RURAL or	nd give nearest town)				
Bethesda 7	5 days	Washington	11.	7 X - 3				
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
The Clinical Center, Bethesd	a 11, Md.	2523 Palmer	Place, S.E.	YES NO				
3. NAME OF First DECEASED	Middle		4. DATE Month	Day Yeor				
	Courtney	Custer	DEATH August	2. 19 59				
5. SEX 6. COLOR OF RACE 7. MARRIED NE	EVER MARRIED   B. D	ATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.				
Male White WIDOWED	DIVORCED Ja	nuary 4. 192		s Days Hours Min.				
10a. USUAL-OCCUPATION Give kind of work done 10b. KIND OF I during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country) 12.	CITIZEN OF WHAT COUNTRY				
TA AND AND AND AND AND AND AND AND AND AN	s Machines	District of	Columbia	U.S.A.				
13. FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME					
Joseph Custer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	ECURITY NO. 17, INFO	Jessie Jone						
(Yes, no, or unknown) (If yes, give wor or dates of service)		THE MEGI	ical Record Address					
		Clinical Cer	iter, Bethesda 14	Maryland				
18. CAUSE OF DEATH [Enter only one cause per line for (a),				ONSET_AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemory	hage from 1	ung into tra	chea & bronchi	5-10 min				
DUE TO								
Conditions, if any, which ) (b) Terato	carcinoma o	f testes wit	th metastasis to	4 yrs.				
gave rise to immediate couse (a), stating the under DUE TO lungs								
lying couse lost. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
PERFORMED? YES IN NO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CONTRIBUTION  CONT	V INJURY OCCURRED. (E	nter nature of injury in Pa	rt I ar Part II af item 18.)	102 10				
CAUSE OF DEATH								
	CURRED   20e. PLACE	OF INJURY (Home, form,	20f. (City or town)					
		***		(County) (State)				
	while factory.	, street, office bldg., etc.)		(County) (State)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not was p. m. 19 at work at wark at wark	while factory	, street, affice bldg., etc.)	net 2 FO					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not to at work of work 21. I certify that I attended the deceased from.	while factory.  May 19	, street, affice bldg., etc.)		I last saw the decease				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not to at work of work 21. I certify that I attended the deceased from.	while factory.  May 19	, street, affice bldg., etc.)  , 1959 , ta Aug curred at 6:40 A	M, from the causes and an	I last saw the deceased the date stated above				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC.  Hour a.m. 19 While of work of work  21. I certify that I attended the deceased from alive on August 2 , 1959 ,	while factory.  May 19	, street, office bldg., etc.)  , 1959 , to Aug  curred at 6:40 A	M, from the causes and an ODRESS (Street, city or lown, state)	I last saw the deceased the date stated above DATE SIGNED				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not to at work of work 21. I certify that I attended the deceased from.	while factory.  May 19	, street, office bldg., etc.)  , 1559 , to Aug  curred at 6:40 A  The Clinica	M, from the causes and an operess (Street, city or town, state)  1. Center	I last saw the deceased the date stated above DATE SIGNED 8-2-59				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not work of work of work alive on August 2, 1959	while factory and that death oc	, street, office bldg., etc.)  , 1959 , to Aug curred at 6:140 A  The Clinics National In	M, from the causes and an ODRESS (Street, city or town, state)  1 Center astitutes of Health	I last saw the deceased the date stated above DATE SIGNED				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not work of	while factory and that death oc	to Augurred at 6:40 A  The Clinica  National In  Bethesda 1	M, from the causes and an operess (Street, city or town, state)  I Center  astitutes of Heal  Maryland	I last saw the deceased the date stated above DATE SIGNED 8-2-59				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not work of work of wark of	while factory and that death oc.  May 19  and that death oc.  M.D.	to Augurred at 6:40 A  The Clinica  National In  Bethesda 1	M, from the causes and an ODRESS (Street, city or town, state)  1 Center astitutes of Health	I last saw the deceased the date stated above DATE SIGNED 8-2-59				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not work of	while factory and that death oc.  May 19  and that death oc.  M.D.	The Clinics National Ir Bethesda 1	M, from the causes and an operess (Street, city or town, state)  I Center  astitutes of Heal  Maryland	I last saw the deceased the date stated above DATE SIGNER 8-2-59 th				



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9230

**CERTIFICATE OF DEATH** 

09209

	Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY MONTGOMERY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ROCKVILLE  27 years	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  26  ROCKVILLE
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 14,712 GEORGIA AVE.	d. STREET ADDRESS 14,712 GEORGIA AVENUE  e. IS RESIDENCE ON A FARM? YES \( \sum NO \( \)
3. NAME OF First Middle DECEASED (Type or print) JOHN RYAN	Lost 4. DATE Month Day Year DAILY AUGUST 10 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	12/23/97   lost birthdoy)   Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)  ATTORNEY-AT-LAW  WELSH, DAILY &	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN RYAN	MARGARET DAILY
IYes, no, or unknown)   Iff yes, give war or dates of service)	Mrs. Florence T. Daily, 14712 Ga. Ave.
Conditions, if ony, which gove rise to immediate cause (o), stoting the under-lying couse lost.  IMMEDIATE CAUSE (o)  DUE TO  DUE TO  (c)	na & Stomach 18 mon
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	JRRED. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work at work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  (City or town) (County) (Stote)
21. I certify that I attended the deceased fram 7/1/alive on 9/59, 19, and that de ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J. W. BIRD	eath accurred at 10 Pt. M., fram the causes and an the date stated above  ADDRESS (Street, city or town, state)  M.D. AML STREET  M.D. AML STR
220. BURIAL, CREMATION, PRINCE (Specify) BURIAL 8/13/59 CEDAR HILL	(Side)
23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC. SILVER SPR	ZING, MD. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE AUG 1 4 '59

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be filled with the registror prior to burial, cremation, or remaval, and in any event within 72 haurs after death. death. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL O

VS A15 (4) 15M 10/57

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	and the state of t				
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				0 GB 7 -5	
			The Court of	0.15/39	
		ž. (			

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TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.

TO HOSPITAL Q

VS A15 (4) 15M 9/58

permit. Then please remave carban papers. in ony-event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 

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		_ ()	J	2	1	1
eg.	Dist.	No.				

a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary		b. COUNTY _	Residence befor	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Garrett Park	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			AL and give nea	irest lawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 5318 Bangor D	address)	/ d. STREET ADDRESS	angor Dr			ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) THOMAS	FRANCIS D	ANEHY .	4. DATE OF DEATH	Month	. 13,	Yeor 19 <b>59</b>
5. SEX Male 6. COLOR OR RACE WIDOW		B. DATE OF BIRTH  July 29,			Onths 1 YEAR	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired	U.S. Govt.	Mass.		)	U.S.	· A .
John G. Danehy	300	14. MOTHER'S MAIDEN  Catherine				
(Yes, no, ar unknown) (If yes, give war or dates of service)		nformant ry S. Danel	ny - Wif	Address e - It	tem #2	
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Por (a), (b), and (c).	nutosis			ONS	ERVAL BETWEEN ET AND DEATH
Conditions, if any, which gave rise to immediate couse (o), stating the <u>under-lying cause last.</u> DUE TO  DUE TO  (c)	Carcino	ma of	rectus	w		
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE COM	ndition given	I IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of	item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. 19 While at war	Not while fac	ACE OF INJURY (Home, for ctory, street, affice bldg., et	m, 20f. (City or to	wn)	(County)	(State
21. I certify that I attended the decease alive an	od that death	accurred at 3:39  M.B. 1150 Connecticut		causes and city or town, sto	on the date ote) N •W • Wa	shington,
226. BURIAL, CREMATION, REMOVAL (Specify) 8-17-59	22c. NAME OF CEMETERY O	Nat'l Cem.		ton. V	Virgini	
23. FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey. Be	ADDRESS ethesda. Mar		UG 1 7 '59		RAR'S SIGNATUR	

Robert A. Pumphrey, Bethesda, Maryland

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### CERTIFICATE OF DEATH

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		CERTIFIC	AIL OF BLATT		Reg. Dist. No.			
1. PLACE OF DEATH o. COUNTY MO	ntgomery	MARYLAND	2. USUAL RESIDENCE (Whe	nd b. COUR	itution: Residence before admission) NTY Montgomery			
b. CITY OR TOW	VN (If outside corporate limits, write ve nearest town)	c. LENGTH OF STAY IN 16		The state of the s	te RURAL and give nearest town)			
Gaither	sburg	5 years	X Gaithe	rsburg				
d. NAME OF HO	OSPITAL (If not in haspital, give stree ON	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
121 Dee	r Park Drive		121 D	eer Park D	rive YES NO X			
3. NAME OF DECEASED (Type or print)	First CHARLE	Middle S WILLIAM	DARNELL	OF	Month Day Yeor			
5. SEX		RRIED MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	OF IF UNDER 1 YEAR IF UNDER 24 HRS.			
Male	White WIDOV		Dec. 7. 188	lost birthda	y) Months Days Hours Min.			
100. USUAL OCCUP during most of Retired	PATION (Give kind of work done 10t working life, even if retired)	aborer	USTRY 11. BIRTHPLACE (Stone of Virginia	or foreign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Harvey			Sarah Co					
	EVER IN U. S. ARMED FORCES?		INFORMANT		Address Daughter Park DrGaithe			
gove rise to couse (o), stole lying couse I	, (0)	RTERIOSCLES CONTRIBUTING TO DEATH BU  NEMITA	TOTIC HEATEN	2T DISE	GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO TO			
200. ACCIDENT	T WAS UNDERLYING   20b. DE TING   CAUSE OF DEATH TIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	ort I or Port II af item 18.	71			
20c. TIME OF IN Hour o. p.	m. While		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
actual signature  PHYSICIAN'S NAME (Type)		enberger, M.	MD. 26 N	OM, from the cause DDRESS (Street, city or to SUMMIT	es and on the date stated above			
REMOVAL (Spe Burial	ATION, 226. DATE THEREOF 8/10/59	Parklawn (	or crematory  Cemetery	22d. LOCATION (City, town Rockville	wn, or county) (Stote)  Marvland			
23. FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS	The second secon	BY REGISTRAR 24b. R	EGISTRAR'S SIGNATURE			
Robert	A. Pumphrey,	Bethesda 14.	Md. DATE AU	G 1 0 '59	arthur S. Kraus			

ely filled in by the funeral director, Pages 1 and 2 shauld be filed with **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERAL DIM

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

er death. Page 4

TO HOSPITAL

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**CERTIFICATE OF DEATH** 

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1. PLACE OF DEATH	40.1.00.1	MARYLAND	2. USUAL RESIDENCE (W		If institution: Residence I	before admission)
NON TOWN HE OF	utside corporate limits, write	c. LENGTH OF STAY IN 16	N Q	ملية	Aits, write RURAL and give	TYOMERY
RURAL and give neare	est town)	0000	c. CITY OK TOWN (III	ourside corporore ilm	OD	negresi town)
De 7 h		20 MINS	060101	er o	TRING.	is prointing
OR INSTITUTION	(If not in hospital, give street	oddress)	d. STREET ADDRESS	110.0.1	20 200 .	e. IS RESIDENCE ON A FARM?
	SOROKRI	4 N	100 E 11	NDIAN	DP PRIVE	YES NO B
3. NAME OF DECEASED (Type or print)	Ge of ge	LVNU I	De Mott	4. DATE OF DEATH	Month AU9 - a	Day Year 26 1959
5. SEX 6	. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGI	1 -11 1 - 1	EAR IF UNDER 24 HRS
MALO	1 th to widow	ED DIVORCED	AU924	-1897 6	birthdoy) Months Do	ys Hours Min.
10a. USUAL OCCUPATION	(Give kind of work done 10b,	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.CITIZEN	OF WHAT COUNTRY?
during most of working	lite, even if retired)	JON MOTORS		Newla	RT 1	15.A
13. FATHER'S NAME		- Molaro	14. MOTHER'S MAIDEN I	NAME		0.00.713
CHE	ARI PE	Do Mott	FI	OP A	AUDDI	
15. WAS DECEASED EVER IN	NII S ARMED FORCESS 14	SOCIAL SECURITY NO.	NFORMANT	OKIT	Address	
(Yes, no, or unknown) (It y	the state of the state of the state of	yes	Wite - 5	SAME A	15 Above	
	[Enter only one cause per li	ne for (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH	WAS CAUSED BY:	ente my	v Cardin	I Insu	freezen	3 Luna
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Conditions, if ony,	which)	ormany	Hura	and and		
gove rise to imm	rediote (	1	30 V. D.E.			
couse (o), stating the lying couse lost.	under- (c)	/				
Z PART II. OTHER	, (-)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONT	DITION GIVEN IN PART 1	o) 19. WAS AUTOPSY
5 mil	Tol Valu	mlites of 3	Indocor	ditos		PERFORMED?
	JNDERLYING   206. DESI CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of i	tem 1B.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or tow	n) (Cou	nty) (Stote)
Hour o.m.	While of wor	IAOI MIIIE	ctory, street, office bldg., etc	5.)		
		0.	1 10 60 . 1	11 -12 7 1	20.5724	
	l attended the deceas	A . //	L., 19.54, to 1	may L. G	-, INSEL JIHOT I IOSI	
alive on Live	-61 2 4 190	-7, and that death	occurred at 9:1			lote stated above
ACTUAL AND	1- 1	1	0 012 11	ADDRESS (Street, ci	by or town, stote)	DATE SIGNED
SIGNATURE	anon of	and below	M.D. 9291	601.6	olva.	8/24/29
PHYSICIAN'S NAME (Type)	. Mariem B	ankhoad	Sil	VEF S	PHIMA	Md
220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	City, town, or county)	(Stote)
REMOVAL (Specify) BUR LAL	8/31/59	ARLINGTON NAT	L. CEMETERY	ARLING	TON. VIRGIN	TA.
23. FUNERAL DIRECTOR'S S		ADDRESS	24g, REC	D BY REGISTRAR	24b. REGISTRAR'S SIGN	ATURE
	JMPHREY INC.	SILVER SPRING		AUG 3 1 '59	0 11 0	W
Xaymina)	Town.		5,	HUD D 1 J3	arthur &	The same A

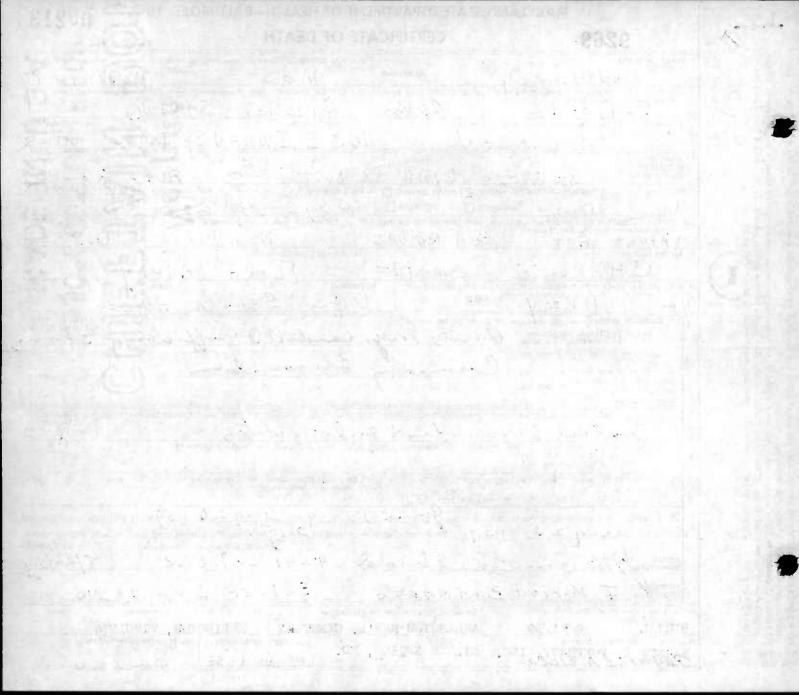
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TO HOSPITAL O ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours and death. Page 4 may be retaine the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/5B



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

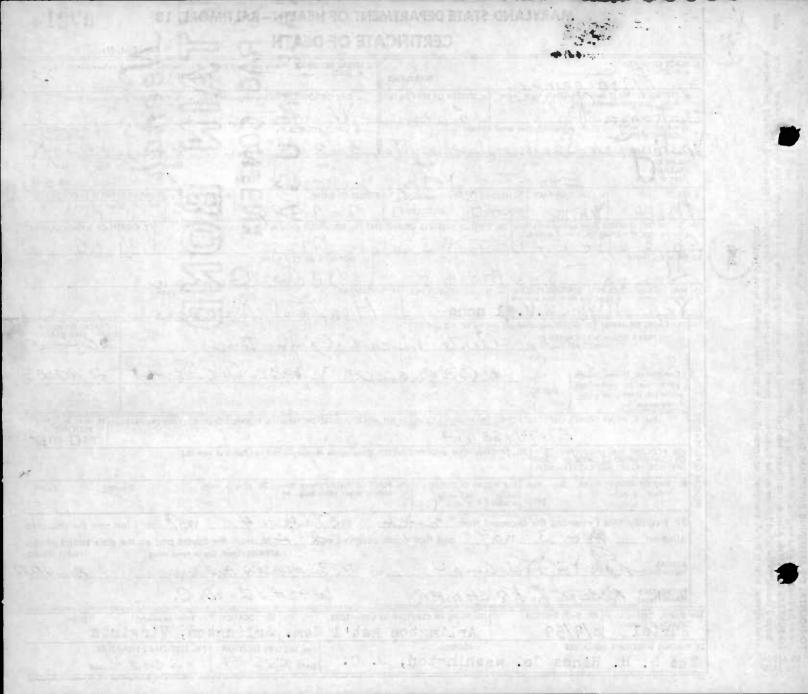
1			Neg. Dist. 140.
	1, (	PLACE OF DEATH  o. COUNTY  ON I ROME MIL  MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     O. STATE
		b. CITY OR TOWN (If outside/corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give necrest toya)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5	V.	de NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SANITA VILLEN AMOSPITAL  ASSISTED	d. STREET ADDRESS  d. STREET ADDRESS  ON A FARM YES NO D  NO D  ON A FARM YES NO D
		Pirst Middle Deceased (Type or print)  SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   7.	DATE OF BIRTH  4. DATE OF BIRTH  4. DATE OF BIRTH  DOY YEOF  PAGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS.)
	1	D. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST	7-31-99 (at birthdoy) Months Doys Hours Min.
1	5	during most of working life, even if retired	14. MOTHER'S MAIDEN NAME
/	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	Odele General
	(Ye	no or unknown) (It res. give wor or dofes st service)  C.S. Vh W.W.#1 none	Hospital Records
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cecute hypera	rdial jufaction interval Between
		Conditions, if ony, which (b) ATERIOSCL	ERTIC VASCULAR DISEASE 2 YEARS
		gove rise to immediate cause (a), stoting the <u>under-lying couse lost.</u> DUE TO  (c)	
0	ICATION	EMPHYSEMA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	200. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I ar Part II of item 1B.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m.  20d. INJURY OCCURRED While Not while of work of otwork	E OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ry, street, office bldg., etc.)
		21. I certify that I attended the deceased from MARCH alive on AGG, 3, 1959, and that death of	1957, to Auc. 4, 1957, that I last saw the deceased occurred at 213 A.M. from the causes and on the date stated above.
		ACTUAL SIGNATURE ROBERT J. Krielmar M.	DATE SIGNED DATE DATE DATE DATE DATE DATE DATE DA
/		PHYSICIAN'S ROBERT K. KRICHMAR	WASHIZ D.C.
	220	Burial Cremation, 22b. Date thereof Burial 8/7/59 Arlington N	(31010)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	T	The S. H. Hines Co. Washington, D.	· C · DATE AUG 5 '59 Cirling & thous

er death: Page 4 may be retained by the haspital or attending physician.

O FUNERAL DACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OF may be retain TO FUNERAL DA

VS A15 (4) 1SM 10/S7



09215

Reg. Dist. No

CERTIFICATE OF DEATH

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filed with	1. PLACE OF DEATH a. COUNTY
shauld be fi	b. CITY OR TOWN RURAL and give SILVER
X	d. NAME OF HOS OR INSTITUTIO
ond	3. NAME OF DECEASED

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executed within 24 haurs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTMONTGOMERY MONTGOMERY MARYLAND MARYLAND OWN (If autside carporate limits, write c. LENGTH OF STAY IN 18 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) give nearest town) SILVER SPRING ER SPRING 4 VIS. HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 13,200 Lutes Lane ON A FARM? 13,200 Lutes Lane YES NO DA 4. DATE First Middle Month Day AUG. ANN DRAII GHAN (Type or print) SHIRLEY DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Haurs 5/27/41 WHITE FEMALE WIDOWED | DIVORCED | 18 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) U.S.A. VIRGINIA none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LULA F. COX ALVAH L. DRAUGHAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mr. Alvah L. Draughan, 13,200 Lutes Lane NONE Silver Spring Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 20 IMMEDIATE CAUSE (o' DUE TO Canditians, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO M 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while p. m. at wark at wark 21. I certify that I attended the deceased from Cura to a That I last saw the deceased and that death accurred at 11.43 M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) PATRICK C. JAMESON 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify)
RANS & BURIAL FRIES, VIRGINIA 8/31/59 FRIES CEMETERY 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE INC. 2 '59 DATE SEP Orthur & Thouse

detached FUNERAL DIRECTOR: 3 shauld be page 0 VS A15 (4) 15M 9/5B

Contemporaries and some contemporaries that the way the The state of the s ter Alvel L. Deschann, L., 200 Process Same Sparter listly of Justing) 300 and 52 mids 23 and 52 22 Potent connect 12020 (2015) ATTOMICS TO THE THE PERSON NAMED OF STREET 

may be retain by the hospital or attending physician.  O FUNERAL DIRACTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.	1. I . I . I . I . I . I . I . I . I . I
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may be retain by the hospital or attending physician.  O FUNERAL DiscLOR: After this certificate has been signed by the attending physician and cample page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. The registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.	N
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BERAL 3 shau gistrar	220
Poge the re	0

death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

may be retain TO FUNERAL DIE

VS A15 (4) 15M 10/57

	3804	CEKTIFIC	AIE OF DEAIR		Reg. Dist. No.
1.	O. COUNTY  MONTAGMERY	MARYLAND	o. STATE	b. COUNTY	an: Residence before admission)  QUEEN ANNE
	b. CITY OR TOWN (If outside corporate (inits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	-11	utside corporate limits, write R	
-	Takoma Park	9 days	Chester	maryland,	Box 47 /7x-2
	d. NAME OF HOSPITAL (If not in hospital, give	11	d. STREET ADDRESS	0	e. IS RESIDENCE ON A FARM?
K	NAME OF SERVE SERVE		1	Internal Control Control	YES NO NO
3.	NAME OFV DECEASED (Type or print) Thomas	Shellcross	Dreer	4. DATE Mon OF DEATH GUGU	
		- MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	nale white w	VIDOWED DIVORCED	January 29, 1	88/ 178 yes.	Months Days Hours Min.
1	a. USUAL OCCUPATION (Give kind of work day during most of working life, even if retired)	Pa. Railread	ustry 11. BIRTHPLACE (Stole )	or foreign country)	12. CITIZEN OF WHAT COUNTRYS
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	/	+
1	Vicholas D. Dree	7	margarei	t S. Vanse	2 N/
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give wor or dates of servi	(e)	Uashington San	v. + Hosp. R	ress ecords
	18. CAUSE OF DEATH [Enter only one couse	e per line for (s), (b), and (c).	4		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardiac	Failure		ONSET AND DEATH
	794 X DUE TO	1			marin
	Conditions if ony which )	Semilit			
	gove rise to immediate (	2270000	7		
	lying couse lost.   Columbia	J			
Z	PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
SAT	Severe /	nours Sibram	ntrois		PERFORMED? YES NO K
CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in P	art I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.	20d, INJURY OCCURRED While Not while of work of wark	PLACE OF INJURY IHome, farm, actory, street, office bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I attended the d	eceased from	26 1059 to 4	1111. 4 10.50	,that I last saw the deceased
	alive an Aug. 4		h accurred at 1:15 F	1 /	and an the date stated above
	700	7		ADDRESS (Street, city or town,	
	ACTUAL SIGNATURE Taul	1. Starr	M.D. 7600 Cars	all ave, Ja	koma Park 8-4-5
	PHYSICIAN'S PAUL V	, STARR			md.
22	REMOVAL (Specify) 8 7 5	Wesley	or CREMATORY	22d-OCATION (City, town, o	or county) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	240. REC'D		STRAR'S SIGNATURE

STUDY ON STATE DEPARTMENT OF REALPHANCES AND STATE OF STATE TOX 

# death. Page 4 may be retaine the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Paneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAN	D STATE DEPARTM	ENT OF HEALTH	1—BALTIMOR	E, 18	09217
9271	CERTIFICA	ATE OF DEATH	1	Reg. Dist. I	. ~ .
o. COUNTY MON 440 m eny	MARYLAND	2. USUAL RESIDENCE (WI			
b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	Betheso	outside corporate limits, v	vrite RURAL and give	hearest town)
Brooke From Four	ndation	6. STREET ADDRESS	on chow	RL	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Jugust	Wilhelm	Dyfer	4. DATE OF DEATH	Month Ug. /	Day Year 196 9
NI III	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  Mar. 6-18	9. AGE (In lost birth	years IF UNDER 1 YE	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 1) during most of working life, even if relired)	Building	STRY 11. BIRTHPLACE (Stole	or foreign country)	A	S &
Jan augustin Dy	rer o	Johanna	Driese		
15, WAS DECEASEDEVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	NFORMANT Sp. tal Recen	ds 450n	6 9 0 4 SI	tonelian k
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (o), (b), and (c);]	Throne	Cosis	,	NTERVAL BETWEEN DISET AND DEATH
DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse last.  DUE TO  (b)  DUE TO	Glacial	artere	i seler	agis !	undeterme
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II of item 1	8.)	
Hour a.m. Wh		ACE OF INJURY (Home, form story, street, affice bldg., etc	20f. (City or town)	(Coun	(State)
21. I certify that I attended the dece alive an		accurred at 9:15	AM, from the cau ADDRESS (Street, city or	ses and an the	saw the deceased date stated above DATE SIGNER
PHYSICIAN'S MM Ma	lin M.D.	Riverda	le, Maryla	and	7
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, I	lown, or county)	(Stote)
Burial 8/22/59	Parklawn C	emetery	Rockvill	le, Maryl	land
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNA	TURE
Robert A. Pumphrey	Bethesda, Mar	vland	WG 2 0 '59	0.11 . 0.	L

TO HOSPITAL OF VS A15 (4) 15M 10/57

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

BY ENOMITIAN STATE DEPARTMENT OF HEALTH SALTHONE TO	
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death. Page 4

TENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours

# 9272

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

09218

									Reg. Dist	t. No.		
1. PLACE OF DEATH a. COUNTY					USUAL RESIDEN	CE (Wh	ere deceased	l lived. If instituti		e befor	e admiss	sion)
	Montg		MARYL	AND		77777	and	b. COUNTY		nt	~	
b. CITY OR TOWN (I RURAL and give no	f outside carparate limi earest tawn)	ls, write	c. LENGTH OF STAY IN	ч 1Ь				rate limits, write R				n)
Gait	hersburg		76 yrs	- X	Gaithe	rsb	יוניוני					
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)	1	d. STREET ADDI	RESS	lAve			1		FARM?
3. NAME OF	Fir	**	Middle		Lost	200	4. DATE	Mor	al.			-
(Type or print)	Lssie		M		Elv		OF DEATH	Alle		Day		Year 19 50
5. SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years	IF UNDER 1	YEAR	IF UND	ER 24 HRS
Female	White	WIDOW	ED DIVORCED			-18		lost birthday) 76 yrs.	Months 1	Doys	Haurs	Min.
Oa. USUAL OCCUPATION during most of world	ON (Give kind of wark a king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(Stole	or fareign co	ountry)	12. CITI	ZEN O	F WHAT	COUNTR
House			11:		Gaith	ers	hung.	110	71	2 1	Λ	
13. FATHER'S NAME				1.	. MOTHER'S MA						-14	
Char	les W. Cr	awf	ord		Corde	lia	Gor	nell				
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO	RMANT			-Russe	ress ATTO			
Tres. 10. Or Olikiloway	(If yes, give war or dates of s	ervicel		To	hn B.	El v		thersb				
TIO CAUSE OF DEA	TH Cotton and the same		ne far (a), (b), and (c).]	1 10	UII De	ri y	- UB	Lunerse	ure			
	TH WAS CAUSED BY:										RVAL BE	
PARI I. DEA	IMMEDIATE CAUSE (o	1	cute conges	tive	neart I	allu	ire			8	rudde	DEATH
1442X	DUE TO											
Canditians, if a	ny, which )	chro	nic eardio-	renal	desease	8				2	yrs	3.
gave rise to i	mmediate (										3	
lying cause last.	the under-											
	) (c											
S PART II. OTF	iek significant con	DILIONS	CONTRIBUTING TO DEAT	H BUI NO	KELATED TO THE	ETERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 15	PERFO	RMED?
PART II. OTH	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter nature of inj	ury in P	art I ar Part	Il af item 18.)	1-11-40			
			To the state of th									
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 2  Nat while	tactory,	OF INJURY (Hom street, affice bld	le, tarm, la., etc.	i 20f. (City	or town)	(Co	ounty)		(Stote)
p. m.	19	at war										
21 I continue th	at I attanded the	deces	ed from		1957	. 6	1991	1050			.1	
	/oo/					0	1201	, 1959	,that I la	ost sa	w the	decease
alive an8	1201	_, 125	29, and that d	leath ac	curred at &					e dat	e state	ed abay
	1	/	)	0		-	ADDRESS (Str	reet, city ar tawn,	stote)		DA	ATE SIGN
SIGNATURE	manh (	.10	worken	M.D.							8/2	2/59
PHYSICIAN'S F	rank J. Br	oscha	nt		call Ave		Coith	anahuma	Manuel			
20. BURIAL, CREMATIO								ersburg,	Maryl	eu (u		
REMOVAL (Specify)	IN, AZO. DATE INCKEO	1010	22c. NAME OF CEMET					ION (City, town,			(State	e)
Buria		C	Forest	Oak			Gai	thersh	nr.	Md.		
3. FUNERAL DIRECTOR		0.00	ADDRESS		- 4		BY REGISTR	The second second second	STRAR'S SIGI	NATUR	E	
Ernest	C. Gartn	er.	Gaithersb	ur.	I. Ci . DA	TE AU	G 2 5 '5!	9 (1	Thun &	then	4	

DATE AUG 2 5 '59

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TO FUNERAL DIREC VS A15 (4) 15M 10/57

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	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
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CERTIFICATE OF DEATH

() 9219 Reg. Dist. No. 215

o. COUNTY			MARYLAND	a. STATE			b. COUNTY		ence bero	re oamissi	ion
Montgome	N (If outside corporate lim	nits write	c. LENGTH OF STAY IN 16		rict of		mb18 rote limits, write R	IIDAI and	l aiva so	reet tour	1
RURAL and give	nearest town)	1113, WILLE				orside corpo	role limits, write i	7 V	i give nec	ilesi iowii	,
d. NAME OF HOS	PITAL (If hat in haspital.	give street	P days	d. STREET	Ington		4	11		e. IS RES	DENCE
OR INSTITUTIO	al Hospital				nyn St	treet	26. 2			ON A	FARM?
3. NAME OF	Fi	irst	Middle	Lo	ost	4. DATE	Mor	oth	Do	y Y	Year
(Type or print)				ERITAN	10	OF DEATH	Aug	ust		1 1	1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRT			9. AGE (In years		R 1 YEAR	IF UNDE	
Male	White	WIDOW		7-31-5	59	-	lost birthday) yrs.	Months	Days	Hay 5	Min.
Oa. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHP	PLACE (Stote	or foreign co	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY?
None	vorking life, even if retired	d)	None	Ma	ryland	3		1	J.S.		
13. FATHER'S NAME			210220	14. MOTHER	_						99
Datan J	ERITANO			Grad	Elis	zaheth	BRUCE				
5. WAS DECEASED	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	INFORMANT	e mar	20,000	Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of	service)	None (Fa	ther) Pet	or J	ERTTA	NO Se	me as	#2		
	DEATH [Enter only one o	ausa nas li		direz / z e o	or o.	201/2 2 2 2	aro ba	2110 04		ERVAL BE	TWEEN
2.10	DEATH WAS CAUSED BY:	duse per ii	(o), (b), and (c).]	0 0					ON:	ET AND	DEATH
No.	IMMEDIATE CAUSE (		Flerna	huly					12.	agun	
1/6 X	DUE TO	0		J							
Conditions, i		b)									
gove rise to couse (o), stati		0									
lying cause la		c)									
PART II. (  20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	OTHER SIGNIFICANT CON	NDITIONS !	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
20a. ACCIDENT	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in F	Port I or Port	t II of item 1B.)			120 (2)	110
OR CONTRIBUTI	NG CAUSE OF DEATH										
	IURY Manth, Day, Ye	age 20d I	NJURY OCCURRED 20e. P	LACE OF INJURY	/Home form	206 (City	or town)	-	(County)		(Stote)
20c. TIME OF IN.		While	Nat while fo	octory, street, office			dr fown)		(County)		(51016)
	n.		rk ot work				1 70				
			sed fram 31 July		), to 1						
alive an	August	, 19	59, and that deat	h occurred at	3:22	fram	the causes an	d an th	ne date	stated	abave
						ADDRESS (St	treet, city or town,	stote)		DAT	E SIGNED
ACTUAL SIGNATURE	DATO.	1		M.D. U.S.	Naval	Hospi	tal, Bet	hesd	a Md	. 8-	3-59
PHYSICIAN'S NAME (Type)	D. HARRIS,	LT, M	C, USN	U.S.	Naval	Hospi	tal, NNM	C, B	ethe	sda M	id.
22a. BURIAL, CREMA	TION, 226. DATE THERE	OF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	TION (City, town,	or county		(Stote	e)
Burial,	8-4-5	9	Arlington Nat	ional Ce	emeter	y Ar	lington,	V	irgi	nia	26
23. FUNERAL DIES		Fin	nera Pr Home	There	1	D BY REGIST				-	
4748 Wis	consin Ave.		Washington, I	C.	DATE AU	G 6 '5	9 5	iling &	Harry		
20511	80 VV 2.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- 1-1	. / ٧,٨00	-	
000011	DAY V										

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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death. Page 4

9274

0417			Keg. U	ist, No.
1. PLACE OF DEATH 6. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Maryland	deceased lived. If institution: Reside b. COUNTY Mon Legome:	nce before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide carparate limits, write RURAL and	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION  The Clinical Center. Be	l address)	d. STREET ADDRESS 905 Kenbroo		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Riva	Middle (none)		DATE Month OF DEATH August	Day Year 5 19 59
Female White WIDOV	VED DIVORCED	February 6, 1	921 38 yrs. Months	R TYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseine	None None	TRY 11. BIRTHPLACE (State or f		TIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
Hyman Krakuzin		Rose So		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (II yes, give wor or dates of service)	THE RESERVE OF THE PARTY OF THE		cal Record^ddress enter, Bethesda 1	, Maryland
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a). (b). ond (c).] Nephritis			INTERVAL BETWEEN ONSET AND DEATH  MONS
Conditions, if any, which gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> (b)  DUE TO	Systemic Lup	is Erythematesu	15	3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  CIFETITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN PAI	PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part	1 or Part 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Year Haur o. m. 19 While of we	Nat while fac	CE OF INJURY (Hame, farm, 12 lary, street, affice bldg., etc.)	20f. (City or town)	County) (State)
21. I certify that I attended the decear alive an August 5 , 19  ACTUAL SIGNATURE LONGE OF THE SIGNATURE SIGNATURE LONGE OF THE SIGNATURE SIGNAT	sed from June 2 59, and that death	accurred at 7:50 PA	M, fram the causes and an topess (Street, city or town, state) ical Center	DATE SIGNE 8-5-59
PHYSICIAN'S George T. Brys		National Bethesda		ealth
220. BURIAL, CREMATION, REMOVAL (Specify) BURIEL Aug. 6, 1959	Mt. Lebanon C		d. LOCATION (City, town, or county) yattsville, Maryl	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE 3. Danzansky & Sons - 3501	ADDRESS 14th St., N.W.	24a. REC'D BY		

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by rectioned director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. may be retaine TO FUNERAL DIR VS A15 (4) 15M 10/57

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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		B. Craspil		
and a superior Rev. Comments of the superior o	US: The lembers		They're	
Readed Labber				
The state of the second		47 .	CALL STORY - CHIEFIT	
Ay territory length of the		Romina 21	FORE AND THE PARTY	
	A COLUMN		AND PARTY OF PERSONS	

VS A15 (4) 15M 9/58 

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9275 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH  o. COUNTY  Montgome			MARYLAND	2. USUAL RESIDENCE (V o. STATE District o		L COUNTY	an: Residenc	e before adm	ission)
	N (If outside corporate limits,	write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (I			URAL ond gi	ive nearest to	iwn)
	(Rural)	4	181 days	Washington		1	17 X - 3	3	
	SPITAL (If not in hospital, give	street odd		d. STREET ADDRESS		- 12			RESIDENCE
	aval Hospital			4000 Cathe	dral Av	re.,NW -	Apt.2		
3. NAME OF	First		Middle	Last	4. DATE	Man		Day	Year
(Type or print)	Edwar	đ	Coyle	EWEN	OF DEATH	Aug	ust	13	19 59
5. SEX			NEVER MARRIED	B. DATE OF BIRTH	4	9. AGE (In years	-	YEAR IF UN	IDER 24 HRS
Male		IDOWED [		5-26-97		62 yrs.	Months	Days Hau	rs Min.
10a. USUAL OCCUPA	ATION (Give kind af wark dar	ne 10b. KIN	D OF BUSINESS OR INDL		te ar foreign co	ountry)	12. CITIZ	EN OF WHA	TCOUNTRY
Mariner	working life, even if retired)	11	S. Navy	New Ha	moshire		U	. S. A	
13. FATHER'S NAME			D. Havy	14. MOTHER'S MAIDEN					
George S	e purn			Jessica C	OOTS				
15. WAS DECEASED	EVER IN U. S. ARMED FORCE		CIAL SECURITY NO.	INFORMANT	0010	Add	ress		
Yes, no, or unknown	(If yes, give war or dates of servi-		Inlenous I	Hospital Reco	-Ac				
gave rise to cause (a), stati lying cause la	OTHER SIGNIFICANT CONDIT			T NOT RELATED TO THE TER			/EN IN PART	PER	AS AUTOPSY FORMED?
(IF EITHER, NOT	JURY Month, Day, Year	While	Not while fo	LACE OF INJURY (Home, fo		or tawn)	(C	aunty)	(Stote)
		ot work [	at work						
alive an Aug actual signature PHYSICIAN'S NAME (Type)	G. I. WALKER,	12_55 CAP	n, and that death	M.D. U.S. N Bethesd	PM, from ADDRESS (SI  AVAL Ho  A, Mar	the causes and reet, city or town, ospital	d an the	date stat B-1	ed abave ATE SIGNED 3-59
22a. BURIAL, CREMA REMOVAL (Spec Cremation	8-14-59			s Crematory	Sui	TION (City, lawn,	M	arylan	itale) 1 <b>d</b>
20 1 100 20 12 20 1	er's & Sons, ]		Adoress Penn.Ave.NW,		C'D BY REGIST		STRAR'S SIG		

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C. S. Navol Hospital . . d-3-55

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CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Maryland b. county MARYLAND Montgomery b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) Silver Spring. Takoma Park. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Washington Sanitarium and Hospital 11711 Berwick Rd. YES T NO PT NAME OF DECEASED 4. DATE Middle Month Year OF DEATH Fairfax August 1. (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Davs Famale White WIDOWED [7] DIVORCED [] August 1, 1959 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland America none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Spogard Fairfax Dorothy Carl Goodeve Tyonne IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address father no none same 18. CAUSE OF DEATH [Enter only one cause per line for (o)\_ (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day. 20d. INJURY OCCURRED 20f. (City ar town) (State) (County) factory, street, office bldg., etc.) o. m Not while at wark at work 21. I certify that I attended the deceased fram. 1957, that I last saw the deceased and that death occurred at 8 M, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED alive on ACTUAL 925 Pershing Dr., Silver Spring, Md. PHYSICIAN'S 925 Pershing Dr., Silver Spring, Md. NAME (Type) Raymond F. Chinn. 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) cremation Washington Sanitarium and Hospital, Takoma Park, Md. ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Hare, M. D. Washington Sanitarium and Hospital, Takoma Park, 12, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A1S (4) 15M 9/SS

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9276 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. () 9223

11	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)
1	o. COUNTY MONTE OMEN MARYLAND	o. STATE b. COUNTY monty
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) form)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Cher chase 10 you	X Cherry Char
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddiess)	d. STREET ADDRESS   e. IS RESIDENCE
	77016 meadow Lane	77010 Mindre Lane YES NO D
1	3. NAME OF Pirst Middle	Last 4. DATE Month Day Year
1	(Type or print) alma Larrance	To Oken DEATH CLASS 30 18/6
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In year IF UNDER TYEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	82 1-1895 lost birthdory yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	homen	ma M.Sa
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	albert W. Larrance	Mining bear While
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Oddress
	E	ward P Telker - Itum 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	celusion Budding
1	420 / DUE TO 0	
1	Conditions, if ony, which) (b) hugeste to	despend
1	gave rise to immediate couse (o), stating the underlying DUE TO	
I	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D	nter nature of Injury in Port I or Port II of item 18.)
- 1		
	- I i feat	E OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
	Hour a.m., While Not while of work of work	The state of the s
	21. I certify that I took charge of the remains described abo	ve, held an Autopsy 🔲, Inspection 🛃, Inquiry 🔀, and find that
	death resulted from: Natural causes 📆, Accident 🔲, Suid	cide, Homicide, Undetermined cause
	0 0 0	
1	SIGNATURE There ! / Sweepart	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S PLACET DI	ASSISTANT MEDICAL EXAMINER
1	NAME (Type) FLAWK J. Broschant	DEPUTY MEDICAL EXAMINER & 8 - 30 - 59
12	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Cremina 8/31/57 Jord Osm	note tem 3201 Bladenby ( M)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 510 3	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	chery Chara from How Wa	DODATE SEP 2'59 Chiller & Knows
-		

VS A15 (4) 15M 9/5B

Poge 4

N.

# 9209 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No.

09224

1. PLACE OF D o. COUNTY	Mintgom	er4	MARYLAND	2. USUAL RESIDENCE ( o. STATE	Where deceased live	b. COUNTY	Residence before	e odmission)
RURAL an	TOWN (If outside corporate limited give nearest town)		H OF STAY IN 16	c. CITY OR TOWN (	If outside corporate  H May	limits, write RU	RAL ond give near	rest town)
	HOSPITAL (If not in hospital,	give street address)	Hosp.	d. STREET ADDRESS	sugley.	Way.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or prin	FLAVEN)	MR.	John John	PATRICK.	4. DATE OF DEATH	Month	Doy 2	Year 195 9
5. SEX	6. COLOR OR RAČE	7. MARRIED NE	VER MARRIED   DIVORCED	3-21-10	9. /		Months Doys	Hours Min.
100. USUAL OC during mos Electron	CUPATION (Give kind of work of working life, even if retired LICS Evaneur	done 10b, KIND OF E			ote or foreign count	ry)	12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S N	JOHN F	LAVEN		14. MOTHER'S MAJDER	NNAME rine N	(Car	thu	
15. WAS DECEA			7897	WFink	RNN	Addre	SANan	& Hosp.
Condition gove ris	in the immediate stating the under-	Put Epid	emoid	y Insuff corcinoma	iciency und	ifferentes		RVAL BETWEEN ET AND DEATH
CATIC	t 11. OTHER SIGNIFICANT CON						N IN PART 1(o) 19	PERFORMED?
OR CONTR	DENT WAS UNDERLYING [] IBUTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW	/ INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port II	of item 18.)		
	o. m. p. m. 19	or 20d. INJURY OCC While Not voor work □ of work	while fo	LACE OF INJURY (Home, for octory, street, office bldg.,	orm, 20f. (City or etc.)	town)	(County)	(Stote)
21. I cer alive an ACTUAL SIGNATUR PHYSICIAN NAME (Ty)	Marin.		and that death	, 19.59, to h accurred at 1035 M.D. 8485 F	8/28 P.M. from the ADDRESS (Street	causes and	an the date	the deceased stated abave. DATE SIGNED 2016.
229 BURIAL, C PREMOVAL	OFPIVI)	1/59 ARL	ME OF CEMETERY	ATL CEM	ARLIN	City, town, or		(Store) A.
75000	14 Trules	254 CARR	OLL ST.11	240. RI	EC'D BY REGISTRAR	-	RAR'S SIGNATUR	E

MURYLIND

Takenin Pake

suco wayley ivay

WWII NO 1897 WE WAS TO WAR IN THE WAR

MUSUM L KOLKIN

( Valence to the second of the

09225

		CERTIFI	CATE OF DEAT		Reg. Dist. No.
a. COUNTY MC	ntgomery	MARYLAN	a STATE	b. COUNT	Montgomery
b. CITY OR TOWN (I RURAL and give no Bethesda	f autside carporate limits, v earest tawn) L	c. LENGTH OF STAY IN	c. CITY OR TOWN (If   Bethes		RURAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give 8201 Kentb	ury Drive	d. STREET ADDRESS 8201 Ken	tbury Drive	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	NANCY	Middle JOHNSON	FLEMING	4. DATE OF DEATH AUGI	UST 6, 195
5. SEX Female	White w	MARRIED MEVER MARRIED [  DOWED DIVORCED [	Aug. 25, 1	9. AGE (In year last birthday)	s. Months Days Haurs Mir
Housewif	king life, even if retired)	Own home	Clevelan	d, Ohio	12. CITIZEN OF WHAT COUNTI
13. FATHER'S NAME  Ande	ers John	son	Nancy Lar		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES (If yes, give war or dates of service	None	Chapman C. F	Deller 0	ne as Item #2
Canditions, if a gave rise to i cause (a), stating lying cause last.	m mediate the <u>under-</u> DUE TO (c)	Metastatic Ca. Carcinoma.	of Lungs Low	er, Splen, Spe, Removed	aug 1956_
ZOG. ACCIDENT WA	AS UNDERLYING   206	ONS CONTRIBUTING TO DEATH			IVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour a. m. p. m.		20d. INJURY OCCURRED 20e While Nat while It wark at wark	p. PLACE OF INJURY (Hame, far factory, street, affice bldg., e		(Caunty) (Sh
	JOHN G. BA	1939, and that de	м.р. 7936 01	//	
22a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL 23. FUNERAL DIRECTOR	8/8/59	22c. NAME OF CEMETER  Ft. Lincol  ADDRESS	n Cemetery		ge Co Md
		Bethesda 14,			withing S. Kraus

The law requires that the death certificate be executed within 24 haur attending physician remave may be retain, A.C. the haspital or attending physician.

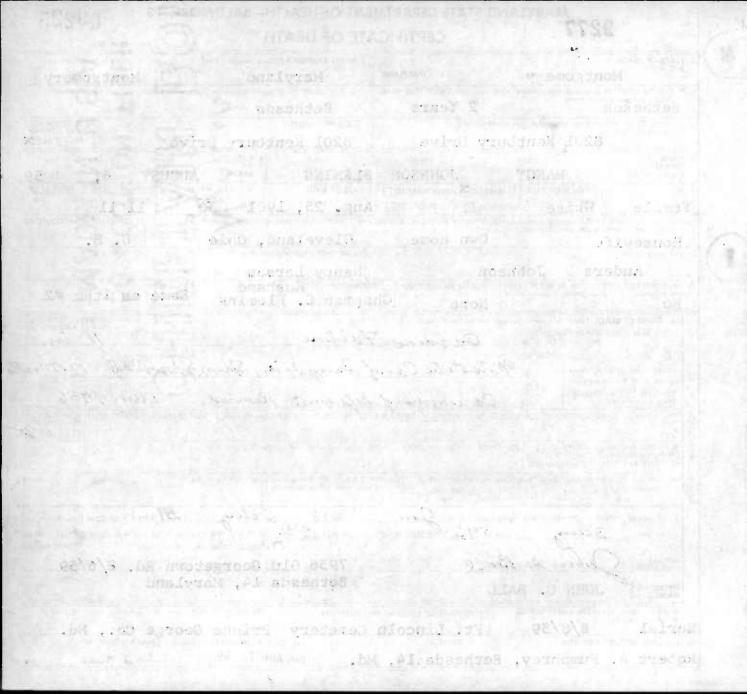
TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. to burial, cremation, ar remaval, and the registrar prior VS A15 (4) 15M 9/58

death. Page 4 funeral director, old be filed with

and campletely filled in by

Pages 1

papers.



09226

1. PLACE OF DEATH  o. COUNTY  MANTAMENA  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE b. COUNTY	on)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Kensington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  REASINGTON DAY den Santo	d. STREET ADDRESS 2, SE EMERSON NW . IS RESIL ON A F YES	
3. NAME OF DECEASED (Type or print) FLICKEY . Have	OF C	ear 9.5
S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED	8. DATE OF BIRTH  9. AGE (In years   F UNDER 1 YEAR IF UNDER 1 ONLY   Months   Days   Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Cincinnatio Whio USA	TIMUC
13. PATHER'S NAME andrew Flinker 1	vije Enorge Louis Flicker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	Mrs Edna Sempson 215 EMERS	SON
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate couse (a), stoting the under-lying couse last.  DUE TO  (c)	destarances interval est onser and interval est onser and in the constraint of the constraints of the constr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES [	RMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While of work point work 19 of work 19	PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)  (Caunty)	(Sto
21. I certify that I attended the deceased from films alive an alive an alive an alive and that de signature for all the confirming physician's NAME (Type)	ath occurred at 4:20 SM, from the causes and an the date stated ADDRESS (Street, city or town, state)  M.D. (350 - 13 M SM) Missle 11, D.S. 8/2	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify) 8-29-59 Collection	rech Com Washington D	C
23. BONERAL DIRECTOR'S SIGNATURE LOCAL ADDRESS ADDRESS 4812.	240. REC'D BY REGISTRAR 246. REGISTRA'S SIGNATURE Orthur & Trans	

may be retained by the haspitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should by Tiled with PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours

VS A15 (4) 1SM 9/5B

r - - 1 Mentgenery Mash Action Rensington warden Santin 3000) 15 Congs tor Flicker Harry Male white P3 P3-0-19 Return Ger Weeken Community Och .. andrew Herteer - i Emones Louis Note Entire Designage 213 18 

### 9279 CERTIFICATE OF BEATT. **CERTIFICATE OF DEATH**

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1	-	Fred	~	0

		-U	J	2	4	9
Reg.	Dist.	No.				

			1
A	M	L.	_ `
1	1	10	
			1
	- spale	-	
	-	M	M

may be retained by the hospital or attending physician.

Defined by the hospital or attending physician.

Defined and campletely filled in By the function of process of the filled in By the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE o. STATE Mary		lived. If institution b, COUNTY	ontgom	fore odmission)  LETY
b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	nits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ote limits, write RU	RAL and give n	nearest town)
Chevy Chase		30 yrs.		Chase			
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street	oddress)	d. STREET ADDRESS				o. IS RESIDENCE
4611 Hunt Avenue			4011	Hunt A	venue		YES NO.
3. NAME OF DECEASED (Type or print) ANNA	ini WERI	Middle NER FONKEN	Lost	4. DATE OF DEATH	- Aug	-	19 59
5. SEX Female 6. COLOR OR RACE White	7. MARI		July 18,	1878	4 . 4 . 4 . 4	Months Popul	Hours Min.
10o. USUAL OCCUPATION (Give kind of world during most of working life, even if refire	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tote or foreign co	untry)	12. CITIZEN	OF WHAT COUNTRY
Housewife		Own Home	Ster	ling, I	llinois	U.S	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME			
Franklin Werner			Mary Pe	egg			
15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Addre	55	
No	- 57	79-42-6933B	George I	H. Fonk	en - It	em #2-	husband
18. CAUSE OF DEATH [Enter only one	ouse per li	ne for (o), (b), and (c).				IN	TERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	Re	exerator	Jai	lune	0	20 min
14.20.1 DUE T		1./	1 A of				1/
Conditions, if ony, which )	(b)		av y	arlu	il		1 hor
gove rise to immediate DUET	-		9/		0		21/10
lying couse lost.	(c)	Coros	rary Sh	remo	200		anc.
PART 11. OTHER SIGNIFICANT CO	NOITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3	dur	ruced W.	rteriock	82020			YES NO
PART 11. OTHER SIGNIFICANT CO	4	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port	11 of item 18.)		
20c. TIME OF INJURY Month, Doy, Y Hour o.m. p. m.	eor 20d. I While of wor	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City	or town)	(Count	y) (Stote)
21. I certify that A attended th	e decea	ad from Oct of C	1954 10	8/2	1959	that I last	saw the decease
alive on Jan 2	o 10	9	accurred at 73	201			
dive dil	, 17	, who may deam	i accurred di	ADDRESS (Str			DATE SIGNE
ACTUAL SIGNATURE Trank	4.	eggen for	M.D. 570	7 WE	· Cona	in A	ve 8/3/5
PHYSICIAN'S Frank Y.	Jagg	ers, Jr.	Cle	ever (	Chave	15, h	red
220. BURIAL, CREMATION, 226. DATE THERE REMOVAL (Specify) 8/5/59	OF	22c. NAME OF CEMETERY C		10	ION (City, town, or side Co		Illinois
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		REC'D BY REGISTE		RAR'S SIGNAT	URE
Robert A. Pumphr	ey,	Bethesda, Ma	aryland DATE	AUG 5 '5	9 ant	hun S. Hr	aud

may be reto VS A15 (4) 15M 9/55

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

within executed death

physician. attending 5

Herriganist Haryward Menharman Better de succes Girisherahers S. bushon Hospital Fre Ben 283 Fauns D. France Coins 17 57 38 15-32-11 38 Done Se Helger Maryland disk sace Frence Bours Millio Mary C. General Sine - 5, 10. murcular and the state of the s . . . , 6

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09	229
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arthur S. Krans

9281 MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Marland	b. COUNTY MONTE.
b. CITY OR TOWN [It outside corporate limits, write Ri and give nearest town)  Gaithersburg	c. LENGTH OF STAY IN 1b	11	rporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS 110 Ridge Rd.	e. IS RESIDENC ON A FARM YES NO
3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month Day Year

Gaithersh	urg		1 min.		X Washin	gton G	rove				
d. NAME OF HOSPITA		If not in hospital, g	ive street addre	155)	d. STREET ADDRESS	S				e. IS RI	ESIDENCE A FARM?
Jerrys Rav	r Ber				110 Rid	lge Rd.					NO X
3. NAME OF DECEASED (Type or print)	Fin <b>Jame</b> s	Addison	Middle Frazi	er	Lost	4. DATE OF DEATH	Aug.		195	0	fear
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years	IF UNDE			ER 24 HRS.
male	white	WIDOWED [	DIVORCED		9/16/1913	1923	35 yrs.	Months	Days	Hours	Min.
during most of working  Gas service	life, even if retired)	done 10b. KIND O	F BUSINESS OR	INDUSTR	Va.	ote ar foreign	country)		TIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME  Lester ]	razier				14. MOTHER'S MAIDEN Blanch						
15. WAS DECEASED EVE	R IN U. S. ARMED FO		L SECURITY NO	. 17. IN	ORMANT		Address		100	New Year	
Ves	WW2	services		Haz	zel L. Fraz	zier	It	em 2			
	H [Enter only one count was CAUSED BY: IMMEDIATE CAUSE (0)	Cerebra	l hemor		& lacerat	tion			INTE ONS S	EVAL BETWIET AND DEA	EEN ATH D
Conditions, if or gave rise to immed (a), stating the ucouse lost.	iote couse					RMINAL DISEAS	SE CONDITION GIV	/EN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY
NATION NA										PERFO	NO TO
PART II. OTH  PART II. OTH  OTH  OTH  OTH  OTH  OTH  OTH  OTH	SE WAS ITRIBUTING []				et wound 1			11 N			
20c. TIME OF INJUR 5:00 P. m.	8/2/5 <b>9</b> 19	While	OCCURRED 1	foctor	OF INJURY (Home, for street, affice bldg., carent	etc 1	y or town) ithersbu		ntg.	Md	(Stote)
	at I took charge from: Natural					,	nspection	-	-	, and	find tha
ACTUAL SIGNATURE	Frank J.	Bros	rhai	1	M.D. CHIEF MEDICAL					DATE S	EIGNED
EXAMINER'S NAME (Type)	rank J. Br	oschart			DEPUTY MEDICA		0/	21/59			
22a. BURIAL, CREMATION REMOVAL (Specify) Burial	8-25-		ParkLa		REMATORY		Ckville			(Stot	•)
23. FUNERAL DIRECTOR'S	s signature C. Gartn		PROFECE		M.d. 240. RI	AUG 25	TRAR 24b. REGI	STRAR'S SI	GNATU		

DATE

Page 4 should be TO DEPUTY MESCAL EXAMINER: This certificate strauld be executed within 24 haurs after death. If any deloy is accessory, please executed the certificate writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremotion. ar removal.

5M 9/55

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VS. A15ME(S)

S231 ... MEDICAL EXAMENSI'S CERTIFICATE OF DEATH. . 22 ST BUILDING TO I the the second section duple . Forest Trupon Sufficient Description of the state THE RESERVE OF THE RESERVE OF

VS A1S (4) 1SM 9/SB

9282

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

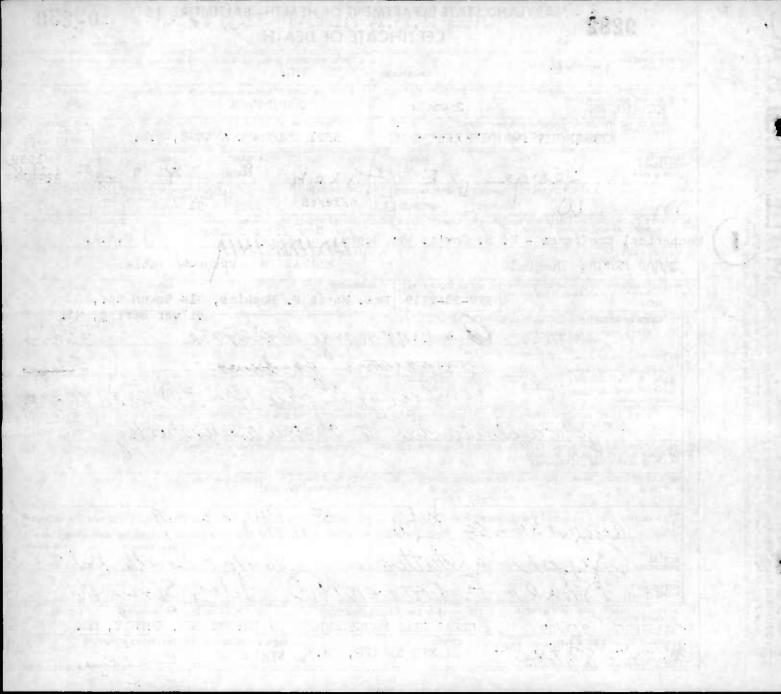
Items 11,13,14 FilmG248 9-11-59 et

CERTIFICATE OF DEATH

Reg. Dist. No.

09230

1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. C. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  KENSINGTON	c. LENGTH OF STAY IN 1b  2 weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION KENSINGTON GARDEN	AND STATE OF THE PARTY OF THE P	d. STREET ADDRESS  5521 COLORADO AVENUE, N.W.  e. IS RESIDENCE ON A FARM? YES   NO
3. NAME OF DECEASED (Type or print)	Middle V	Last 4. DATE Month Day Year 195
S. SEX  6. COLOR OR RACE  WIDOWEL  WIDOWEL		8 DATE OF BIRTH  8/18/68  9. AGE (In yeors lost birthday)  9. AGE (In yeors lost birthday)  9. AGE (In yeors lost birthday)  9. AGE (In yeors life under 14 ARS.  Months Days Hours Min.
100. USUM OCCUPATION (Give kind of work done during most of working life, even if retired)  **Chanical Draftsman - U S.**  13. FATHER'S NAME	Gov*t. War D	New York State
/JACOB FRECH, Theobald		ELIZABETH MANDOM Satler
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 57		s. Marie F. Hopkins, 814 Rowen Rd., Silver Springhrer Afferween
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CO	Congeste anteres.	nory Idema 36hrs.  ve failure 5 days  elevotic Heart Disease 10 yrs of  not related to the terminal disease condition given in part 1(0) 19. Was autops?
PART II. OTHER SIGNIFICANT CONDITIONS CO	ELES CULLERENCE POR LES CONTRE	D. (Enter nature of injury in Port I or Port II of item/IB.)
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Nat while fa	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the decease alive an USSIST 19. 19. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		accurred at 1030M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, stote)  BLATE SIGNED  ALLOW Shall MI
220. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT 9/3/59	22c. NAME OF CEMETERY OF CEDAR HILL MA	
23. FUNERAL DIRECTOR'S SIGNATURE EY INC. Raymond A. Ziska	ADDRESS	ING, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 3 '59 Orthur & Husee



9283

### **CERTIFICATE OF DEATH**

09231 Reg. Dist. No.

b. CCUNITY  Montgomery  MARYLAND  b. CTY OR TOWN (If outside corporate limits, write a cute that the great lown)  MIRET mear Bethesda  d. NAME OF HOSPITAL (If not in thospital, give street oddress)  MARYLAND  M. Summer near Bethesda  d. NAME OF HOSPITAL (If not in thospital, give street oddress)  M. Maryland  M. Tiss  Freeman  M. Lost  M. Summer near Bethesda  d. NAME OF HOSPITAL (If not in thospital, give street oddress)  M. Middle  Freeman  M. Jiss  Freeman  M. Jiss  Freeman  M. Jiss  M. AGE (If year)  Month  M. Middle  Freeman  M. AGE (If year)  Month  M. Middle  M. Middle  Freeman  M. AGE (If year)  Month  M. Month  M. Middle  M. Middle  M. Middle  Freeman  M. AGE (If year)  Month  M. Month  M										
RUBAL ond give necreal town miles* near Bethesda  d. NAME OF MOSPITAL (If not in hospital, give street oddress)  d. STEET ADDRESS  5104 Westpath Way  NAME OF MINISTRANDESS  5104 Westpath Way  NAME OF MARKED  M. M. ILISS FROMMEN  BEEK  6. COLOR OR RACE 7. MARKED   NOVER MARKED   S. DATE OF BIRTH  WITH WITH WITH WITH WITH WITH WITH WITH	. PLACE OF DEATH o. COUNTY	Montgomery	1 2	MARYLAND	g. STATE					sion)
MINE OF HOSTIFICITION 5104 Westpath Way  S104 Westpath Way  S105 Westpath Way  S105 Westpath Way  S106 Westp	b. CITY OR TOWN	(If outside corporate limi	is, write c. LE	NGTH OF STAY IN FE	c. CITY OR 1	OWN (If outside co	orporote limits, write f	RURAL and give ne	parest tow	n)
d. NAME OF MOSPITAL (If not in haspital, give street oddress)  S104 Westpath Way  NAME OF MOSPITAL (If not in haspital, give street oddress)  NAME OF MOSPITAL (If not in haspital, give s					X Summe	near Be	thesda			
NAME OF OPERATOR OF STORY Way  NAME OF OPERATOR OPERATOR OF OPERATOR OPERATOR OF OPERATOR OF OPERATOR OF OPERATOR OP	d NAME OF HOSE	ITAL (If not in hospital o	ive street addres	s)					e. IS RE	SIDENCE
DECASED PURPORTION M. M. ILIES FROMMEN DEATH AUgust 28th 19 5c.  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (in years inclinitively) 17 yrs. Months 19 yrs. Min.  SEX 1. G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (in years inclinitively) 17 yrs. Months 19 yrs. Min.  SUSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT Washington, D. C.  FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. ROBITSON  WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT 19. THE PROPERTY OF WINDOWS 19. THE	OK IIII	5104 Westp	ath Way		5104 W	stpath Wa	ay			
DIVORCED   4/1/1888   100   10	NAME OF DECEASED (Type or print)		-		_	OF				ET.
USUAL OCCUPATION (Give kind of work done)  JOSAN OCCUPATION (Give ki	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTI	1	9. AGE (In years		-	
Housewife   Washington, D. C. U. S. A.	Female	White	WIDOWED T	DIVORCED [	4/1/18	88		Months Days	Hours	Min.
Housewife   Washington, D. C. U. S. A.	a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIND	OF BUSINESS OR IN	DUSTRY   f1. 8IRTHPL	ACE (State or foreig	in country)	12. CITIZEN	OF WHA	COUNTRY
FATHER'S NAME  JOSHUA A. Brown  WAS DECEASED EVER IN U. S. ARMED FORCES?  IN. OF Undividual (If yea, give not of older of service)  II. SOCIAL SECURITY NO. 17. FINORMANY  Robt. L. Freeman 5104 Westpath Way (Summer)  18. CAUSE OF DEATH [Enter only one couse of limp(o) (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate (b)  UP AT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS, PERFORMED?  YES ON ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (If ETHER NOTHEY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING ON CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)  10. CONTRIBUTING OLAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)  10. ACCIDENT WAS UNDERLYING OWN OF CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Doy, Year While Not work of Owner o	Housewif	B itte, even it retired	)		Wash	ington. I	. C.	U.	S. A	4 30
WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. RNFORMANT  Robt. L. Freeman 5104 Westpath Way (Summer)  18. CAUSE OF DEATH [Enter only one course fer line for (o). (b). ond. (c).]  PART II. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if on, which gove rise to immediate course (o), stoting the under long (o).  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FP. WAS AUTOPSY PERFORMED?  YES   NO    20c. ACCONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Medical Examiners  HOUR O. m. fp on work of w	FATHER'S NAME									
WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. ANFORMANT  Robt. L. Freeman 5104 Westpath Way (Summer)  18. CAUSE OF DEATH [Enter only one couse for limptor) (o). (b). and (c).]  PART II. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o). stoling the under lying couse lost.  (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FP. WAS AUTOPSY PERFORMED?  YES OR CONTRIBUTING CLOSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Mour o.m.  p. m.  19. Sq. and that death occurred at J. Social Every, street, office bidg., etc.)  21. I certify that I attended the deceased from J. School, street, office bidg., etc.)  BURIAL CREMATION.  22b. DATE THEREOF  ACTUAL  SIGNATURE  M.D.  PHYSICIAN'S  Clyde P. Reeves  1746 K St., N. W., Washington, D. C.  BURIAL CREMATION, D. C.  BURIAL CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  MASHINGTON, D. C.  BURIAL CREMATION, 22b. DATE THEREOF  22c. NAME OF CEMETERY OR CREMATORY  8/31/59  Oak Hill Cemetery  Washington, D. C.	Josh	ua A. Brown			Ma	rian S. B	obinson			
18. CAUSE OF DEATH [Enter only one cause for line to (o). (b). ond (c).]  PART II. DEATH WAS CAUSED BY:  DUE TO  Conditions, if only, which gove rise to immediate couse (o), stoling the under lying coure lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH. BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (FETHER NOTIFY MEDICAL EXAMINER)  20b. TIME OF INJURY Month, Doy, Year While of work of work of work of work of work.  Power is to immediate couse of DEATH (FETHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of work of work of work.  Power is to immediate couse of DEATH (FETHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of work of work of work.  Power is to immediate couse of DEATH (FETHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of work of work of work.  Power is to immediate couse of DEATH (FETHER NOTIFY MONTH) (County) (Stole Side) Colory, street, office bldg., etc.)  DORRESS (St.e.). City or fown, slote)  DATE SIGN ACTUAL  SIGNATURE  PHYSICIAN'S CLYDE P. Reeves  1746 K St., N. W., Washington, D. C.  BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Washington, D. C.				L SECURITY NO. 17	. INFORMANT		Add	Iress	-/-	
18. CAUSE OF DEATH [Enter only one course for line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (b)  DUE TO  Conditions, if only, which gove rise to immediate course (b), storing the under lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FS. WAS AUTOPS. PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOITER MOILE ADMINIST)  20c. TIME OF INJURY Month, Dr. Year While of work of	(es, no, or unknown)	(If yes, give wor or dates of s	ervice)	1000	Robt - L.	Freeman	5104 Westr	ath Way	(Sam	marl
20c. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)  20c. TIME OF INJURY Month, Doy, Year Hour o. m.	lying couse los	t. (c	:)	IBUTING TO DEATH 8	BUT NOT RELATED TO	THE TERMINAL DIS	ease condition gi	VEN IN PART 1(0)	PERFO	DRMED?
20c. TIME OF INJURY Month, Doy, Year Hour o. m.    Physician's Clyde P. Reeves   1746 K St., N. W., Washington, D. C.    Stote   Physician's Name (Type)   1746 K St., N. W., Washington, D. C.    Stote   Physician's Name (Type)   1746 K St., N. W., Washington, D. C.    Stote   Physician's Name (Type)   1746 K St., N. W., Washington, D. C.									YES _	NO 🗆
Hour o. m. p. m.  19   While of work   Not while of work   foctory, street, office bldg., etc.)  21. I certify that I attended the deceased from	(IF EITHER, NOTIF	VAS UNDERLYING   IG   CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature a	f injury in Port 1 or	Part II of item 18.)			
ative an 200 M, from the causes and an the date stated about 200 M, fr	Hour o. m		While f	Not while	PLACE OF INJURY ( foctory, street, office	Home, farm, 20f. ( bldg., etc.)	City or town)	(County	)	(Stote)
Burial 8/31/59 Oak Hill Cemetery Washington, D. C.	actual signature	Bleeg	19.50	-	oth occurred at	746-	ram the causes of (Stree), city or town	and an the de	ate state D	ed abav ATE SIGNE
	REMOVAL (Specif	v) 4 4							(Sto	te)
Assell 7. B. A. Lore, 3034 M St. N. W. D. O. SEP 1'59   ariling & trans			7				GISTRAR 24b. REG	STRAR'S SIGNATE		

moy be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours, after death. VS A1S (4) 1SM 9/SS

M

death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

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Service of the Party of

Tempor persons of the second

TO HOSPITAL ATTENDING PHYSICI	e haspital ar atte	: After this certif	chad for you as
ITAL ATTE	retainer by th	RAL DIRECTOR	should be date
SOH OT AND	a may be	TO FUNE	4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8 ()9232 Reg. Dist. No. 215 9284

CERTIFICATE	OF	DEATH	

o. C0	e of DEATH DUNTY Tgomery			MARYLA		SUAL RESIDENCE (M. STATE		h COUNTY		nce befar	e admiss	ian
b. CI	TY OR TOWN (II	f autside carporate limi	ts, write	c. LENGTH OF STAY IN	V 1b c	. CITY OR TOWN (IF	autside carpo	rate limits, write l	RURAL and	give nea	rest tawn	)
	hesda (			8 days	W	ashington		47 X	-3			
d. N	AME OF HOSPIT	AL (If not in hospital, g	ive street	address)		. STREET ADDRESS	75				. IS RES	
		l Hospital			5	Ol Seward	Square	. S. E.				FARM?
3. NAM		Fir	st	Middle		Last	4. DATE	Мо	nth	Day	,	/ear
	ASED ar print)	Robe	ert	Cleo	F	REEMAN	OF DEATH	Augu		21		9 59
5. SEX		6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UNDE	R 24 HR
Mal	.e	Caucasian	WIDOW	ED DIVORCED [	0 1	2-14-93	- X	last birthday) 65 yrs.	. Manths	Days	Haurs	Min.
10a. US	UAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e or foreign co	iuntry)	12. CI1	IZEN OF	WHATC	OUNTRY
Arn	ed Force	ing life, even if refired	U.	S.Marine Cor	rps	Arkansa	88		1	U.S.A	1.	
13. FATH	HER'S NAME				4	MOTHER'S MAIDEN				0,001		-
Rob	ert E. I	FREEMAN				Allice DU	RAM					
			CES? 16.	SOCIAL SECURITY NO.	INFOR/		7 M VT.T	Ado	iress			
Yes, no.	or unknown)	WWI & WWII										
18.		TH WAS CAUSED BY: IMMEDIATE CAUSE (o		horea,	sw	quessive	chr	once				DEATH
Co go co lyi	355 X anditions, if ar over ise to in use (a), stating I ng cause last.	DUE TO  ny, which mediate the under- (c	,	//		GRELATED TO THE TERA			VFN IN PA			
Cation	anditians, if ar over ise to in use (a), stating I ng cause last.  PART II. OTH	DUE TO  Ty, which mediate the under:  ER SIGNIFICANT CON	,	horea fypernation					VEN IN PAI		PERFO	AUTOPS'
CGRTIFICATION SOUR CONTRACTOR	anditians, if ar over ise to in use (a), stating I ng cause last.  PART II. OTH	DUE TO  ny, which mediate the under- (c	)	//	H BUT NOT I	RELATED TO THE TERA	MINAL DISEASE	CONDITION GI	VEN IN PAI		PERFO	AUTOPS'
CERTIFICATION Social States of State	anditians, if ar over ise to in use (a), stating I ng cause last.  PART II. OTH	IMMEDIATE CAUSE (or DUE TO the under- (c)	DITIONS C	CONTRIBUTING TO DEATH	H BUT NOT I	RELATED TO THE TERA	MINAL DISEASE  Part I or Part	CONDITION GI			PERFO	AUTOPS' RMED? NO
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO SERVICE STATE STATE  TO SERVICE STATE  MEDICAL CERTIFICATION  TO SERVICE STATE  TO SERVIC	anditians, if are see fise to in use (a), stating to use (as), stating to use (as). PART II. OTH  ACCIDENT WA CONTRIBUTING EITHER, NOTIFY. Haur a. m. p. m.  I certify the ve an Augustus III. Augustus III. Augustus III. Augustus III. Augustus III. Augustus III. III. III. III. III. III. III. II	IMMEDIATE CAUSE (a DUE TO the under left of the	20b. DESC 20b. DESC 20 d. It While at ward decease	CRIBE HOW INJURY OCCURRED 20 NJURY OCCURRED 20 Nd while at wark 20 ed fram August 259, and that de CAPT, MC, I	EURRED. (Ent	RELATED TO THE TERM er nature of injury in F INJURY (Hame, for street, affice bldg., et 7 19 59, ta An urred at 9:551	winal disease in Part I or Part im, 20f. (City ic.)  ugust 2  PM, from  Address (Sir	II of item 18.)  ar tawn)  1 19-50  the causes ar reet, city ar tawn,	that I lo	(Caunty)	PERFO YES The distance of the	NO (State
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CARRIED  ACT  SIGN  PHY  NA  220. BUF  220	part II. OTH  ACCIDENT WA CONTRIBUTING EITHER, NOTIFY  TIME OF INJURY Haur a. m. P. m.  I certify the ve an August  VAL NATURE  SICIAN'S ME (Type)	IMMEDIATE CAUSE (a DUE TO the under left of the	20b. DESC 20b. DESC ar 20d. If While at warl	CRIBE HOW INJURY OCCURRED 20 Not while and work bed from August 59, and that do	De. PLACE Of factory, 1	er nature of injury in FINJURY (Hame, for street, office bldg., et  19.59, to At urred at 9:551 U. S. Nat Bethesda	m, 20f. (City tc.)  Part I or Part  M, 20f. (City tc.)  PM, from  ADDRESS (Sh	II of item 18.)  ar tawn)  1 19-50  the causes ar reet, city ar tawn,	Othat I lond an th	(Caunty)	PERFO YES The distance of the	(State
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CARRIED  ACT  SIGN  PHY  NA  220. BUF  220	anditions, if are over rise to in use (a), stating to use (ast.  PART II. OTH  ACCIDENT WA CONTRIBUTING EITHER, NOTIFY.  TIME OF INJURY Haur a. m. p. m.  I certify the ve an Augustus Augustus ME (Type)  I (SICIAN'S ME (Type)	IMMEDIATE CAUSE (a DUE TO Lay, which mediate the under. CER SIGNIFICANT CON LAY, WAS AND LAY TO LAY	20b. DESC 20b. DESC 20b. DESC 20d. If While at warl	CRIBE HOW INJURY OCCURRED NOT WAIT WHITE CAPT, MC CAPT, M	De. PLACE Of factory, 1	er nature of injury in FINJURY (Hame, for street, office bldg., et J. 19.59, ta_Ai urred at 9:551 U. S. Nay Bethesda	winal disease  Part I or Part  m, 20f. (City  ugust 2  PM, from  ADDRESS (Sity  212, Ma  22d. LOCAT	or tawn)  1. 1950  the causes arreet, city ar tawn,  pital  ryland	Othat I lond an th	(Caunty)	the distated DATI 8-22	(State

3884 1707-17-30000 The Same Park Control of the Control Transfer to the second and the state of the state of Control of the Contro the second secon properties and the all appears to the SLA market to be a properties when it the state of the control of the state of the tersel to bright large 12.10 After 1977 and the second seco CONTRACTOR OF THE OWNER OWNER.

# TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital: The law requires that the death cerifficate be executed within 24 hours after death. Funeral Dipertop: The contract of the hospital or attending physician.

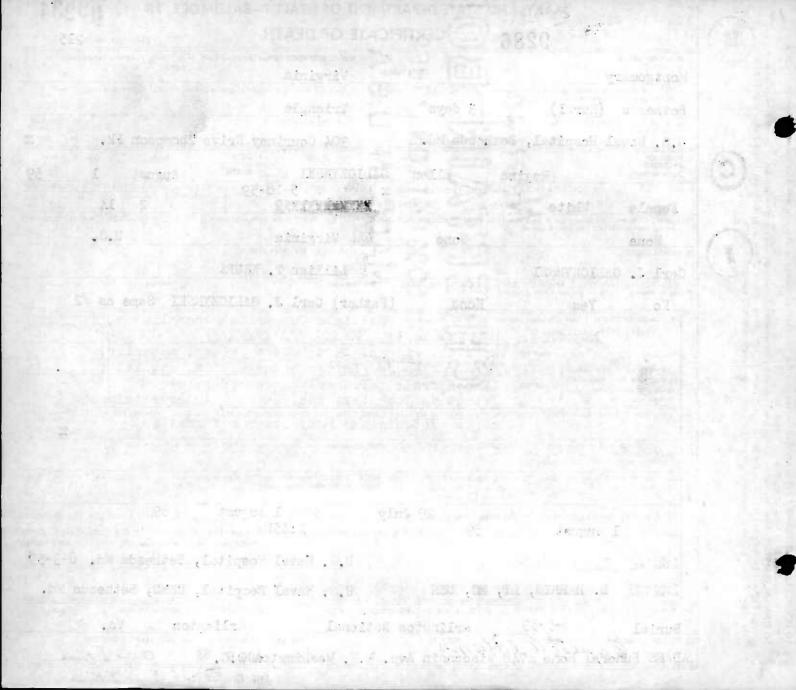
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9285 CERTIFICATE OF DEATH 09233

			R	eg. Dist. No.	······
1. PLACE OF DEATH	2. U	SUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Montgomery MARYLAN		Mary]	land	Montgome	anv
CITY (If outside corporeta fimits, write RURAL   LENGTH OF S	TAY	ITY (If outside corp	oreta limits, write RURAL a		
Town Rural Laytonsville 50	ears X	OWN Rura	L Layton	gv111e	
HOSPITAL OR		TREET		va location)	Live
street Address Gaithersburg Rt. "1		DDRESS Galt	thersburg	Rt.	# Ton
3. NAME OF (First) (Middle) DECEASED W1111am	(Last)		4. DATE (Mor	nth) (Dey)	(Year)
(Type of Timi)	Ful	ks	DEATH A	ug. 5	19 59
S. SEX 6. COLOR OR 7. SINGLE, MARRIED,  RACE WIDOWED, DIVORCED CO.	8. DATE OF BIRTH		9. AGE last birthdey	#F UNDER 1 YEAR	
Male White (Specify) Single	Jan. 8	1878	81 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	II. BIRT	HPLACE (State or for	eign country)		ZEN OF WHAT
dona during most of working life, even if retired) Farmer Farning		Maryland		U.S.	JNTRY?
13. FATHER'S NAME		MOTHER'S MAIDEN		1000	,,,,,
William R. Fulks		Mary	V. Ward		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURI	ITY NO.	17. INFORMANT &	ADDRESS		
(Yes ac, or unk.) (If Yes, give wer or detes of service) Unkno	wn	John	S. Fulks	Bethe	sda. Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERTIFICA	TION		I IN	TERVAL BETWEEN
10.		and the	11000	ON	NSET AND DEATH
4 0.0 IMMEDIATE CAUSE (A) MILLIS	osele	rou	mar	1 /	2 days
ANTECEDENT CAUSE(S) DUE TO Cicla	u a	o rus	unifert		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	Mess	in 160	wit		
STATING UNDERLYING CAUSE LAST. (C)	eren.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,					
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION				2	20. AUTOPSY?
					S NO
21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OF INJURY street, office bidg., etc.)	21c. WHE	RE DID INJURY OCC	UR? (City or Iown)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURR While Not w		V DID INJURY OCC	UR?		
M. et work at wor					
22. I hereby certify that I attended the deceased from	919	Lio a	J 195	7., that I last sa	aw the decease
alive on aug. 1, 19 5 9 , and that death or					
SIGNATURE		ADE	ORESS (Street, city, tow	n, state)	DATE SIGNE
Jack trhumacher	M.D. Ga:	thersbu	irg. Md.		
23 BURIAL, CREMATION, DATE THEREOF NAME OF CE	METERY OR CREMATO		LOCATION (City, tow	n, or county)	(Stete)
Burial Aug. 8 -59 Fores	t Oak		Galthers	nuro	Md.
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		UNERAL DIRECTOR'S	SIGNATURE	ADDRES	SS
DATE AUG 1 0 '59 Chilling & Kraus	K	of and		tonsvill	

wear and new Bas Ivenes prone of bilitancount fordi so 1 JE STREET SALES A LEW HYARD DO DO LEE The state of the s THESE VICENTS Lobration and part of redol DWO DENT A VACORIAL PROPERTY AND ATTEMPT OF THE PERSON OF THE P Anningerials | Asia | A allivenory and their sollings in





### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09235

**CERTIFICATE OF DEATH** 

OF DEATH		R	eg. Dist.	No.
AL RESIDENCE (Where deceased	lived.	If institution:	Residence	before

q. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  9. STATE  b. COUNTY
Mont gomery MARYLAND	MARYLAND Montgomery
b. CITY OR TOWN (If outside co-porote limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
TAKOMA PARK 26 days	When ton
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION,	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Washington San. + Hospital	11007 Amherst HVE YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print)  TREMA  (NMN)	GARber OF DEATH 8 26 1959
7 11 01 11	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS.
	lost birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	10
HSW+	Russia u.s.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
30/013	NINERUH
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT Address
NO 177-03-1406 Pt3	Hosp. Kecold -
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of Stomach with me knasis about Iman
15/X DUE TO	
Conditions, if ony, which )	
gove rise to immediate DUS TO	
luing course lead	
, (4)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Labetes mollities	PERFORMED? YES NO A
200 ACCIDENT WAS LINDERLYING TO 200 DESCRIPE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	s. (clieb holde of injery in volv or volv or volv or
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o.m. While Not while foo	ACE OF INJURY (Home, form, ; 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
p. m. 19 of work of work	<u> </u>
21. I certify that attended the deceased from 4/20	19.55, to State 1. 19.55, that I last saw the deceased
alive on \$126, and that death	occurred at 5 . 60 P.M., from the causes and an the date stated above.
	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE Scuramon Franciscon	M.D. 7733 (1 Casha bul .)1.4. Washington 120C - 8/26/3
PHYSICIAN'S BEWLAMIN SAACSON	
220. BURIAL, CREMATION, 226. PATE THEREOF 22c. NAME OF COMETERY OF	R CPENATORY 22d. LOCATION (CLY) town or county) (Stote)
Bullet 8/28/1959 DC Lodge	Very Wesh DC
23 JUNERAL DIRECTOR'S GIONATURE APDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Goldber Juneel Vone 4-17-9 ER	APRIL DATE MIC 2 9 '50
	DATE AUG 20 331 Call of the

VS A15 (4) 15M 9/58

THE STATE OF THE STATE OF Towns of the second sec TALLER BOOK STORY TO SEE STORY TO A Weedington some they don't now I Bushowst AVE TELLIS (MIN) CHELLES ESTERNES fr 1871/5 = 8 = 5/1/95 = 24 The second of th Was Dawa Tawa Land Sunt Por Survey Sand the County Street Land 

VS. A15ME(5) 5M 9/55 M

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9287 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09236

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mary Land b. COUNTY Montg.
c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) Chevy Chase
d. STREET ADDRESS  ON A FARM YES NO
Lost 4. DATE Month Day Year OF DEATH Aug. 15, 1959 19
DATE OF BIRTH 1/20/1895  9. AGE IIn years IF UNDER 1YEAR IF UNDER 24 H Manths Days Hours Min.
TRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  USA
14. MOTHER'S MAIDEN NAME
Louise Saintclair
NFORMANT Address
as. S. Gardiner Jr. Item 2
ion Interval Detween onset and Detween Sudden
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
inter nature of injury in Part I or Part II of item 18.)
CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State ory, street, affice bldg., etc.)
ve, held on Autopsy , Inspection , Inquiry , and find t
_M.D. CHIEF MEDICAL EXAMINER [
ASSISTANT MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER 2 8/15/1959
CREMATORY 22d. LOCATION (City, tawn, or county) (State)
* 0/13/1939
B T

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH A TOTAL TO STATE OF THE STATE O DEL DES EN AUGE LES ANNAITS EN ARTHUR DE LOS ANTENNAITS DE LA COMPANIE DEL COMPANIE DE LA COMPANIE DE LA COMPANIE DEL COMPANIE DE LA COMPANIE DEL COMPANIE DE LA COMPANIE DE LA COMPANIE DE LA COMPANIE DE LA COMPANIE DEL COMPANIE DE LA COMPANIE DEL COMPANIE DEL COMPANIE DEL COMPANIE DE LA COMPANIE DE LA COMPANIE DEL COMPANIE DE LA COMPANIE DEL COMPANIE Type of State of the Living the Line State and market the Charles of the the Late Late Late and Long to a larger

or removal.

VS. A15ME(5) 5M 9/55

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09237

Reg. Dist. No.

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY Monty mery MARYLAND	G. STATE KONAGA B. COUNTY
	b. CITY OR TOWN III outside corporate limits, write RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	and give negrest lawn)	731.6. 511 × 3
15	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS POPLAR   e. IS RESIDENCE
	10225 4 1 1	135 PILLON ST YES NO W
	3. NAME OF First Middle	
	3. NAME OF DECEASED (Type or print) (Type or print)	Lost 4. DATE Month Day Year
	- White Whiller In	The last of the state of the st
	A A A A A A A A A A A A A A A A A A A	DATE OF BIRTH  9. AGE (In year)  IF UNDER 1YEAR IF UNDER 244HRS.  Months Days Hours Min.
	male white WIDOWED DIVORCED V	12-28-1881 77 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Hacksmith.	Kan, M.S.C.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jacob Gly	Helene Sable
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address
	(Yes, no. or unknown) Iff yes, give wor or dote of service) 510-16-8860	to 1 4 1 ( 1 7 ) 9T 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (a) Comany O	eclision sidden
	4.20.1 DUE TO	
8	Canditians, if any, which are rise to immediate cause (b)	
	(a), stating the underlying DUE TO	
-0	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONT	YES NO I
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (E.	nter nature of injury in Part I ar Part II of item 18.)
н	÷ 1 fasts	E OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
	Haur a. m. p. m. 19 While Not while total at work	ny, meet, direct broght tree
	21. I certify that I taak charge of the remains described above	ve, held an Autapsy 🔲, Inspection 🔀, Inquiry 🕏, and find that
	death resulted from: Natural causes , Accident , Suice	
	ACTUAL CO BOOK TO TO	CHIEF MEDICAL EXAMINER T
96	SIGNATURE Shark SMITCHAIL	_M.D. CHIEF MEDICAL EXAMINER _
5	EXAMINER'S FLANINT PLACE 12 1	DEPUTY MEDICAL EXAMINER & - 12 - 59
6	NAME (Type) TANK J. DOUG Ch 2 MT	
	22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	TRANS, & BURNAL 8/12/59   Memorial Park 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
	ARNER E. PUMPHREY, INC. SILVER SPRIN	NG MD 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Raymond a. Ziska	DATE 106 1 4 '59 Called 9 K
	/	

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VS A15 (4) 15M 10/57

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physician and completely filled in by tuneral director,	be-fired with	I
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### 928 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

119238 Reg. Dist. No.

1. PLACE OF DEATH 6. COUNTY Montgome	ry		MARYLAND		DENCE (M	/here deceased	lived. If institution b. COUNTY	on: Residen	ce before	odmission)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16				ote limits, write R	URAL and g	give near	est town)
Bethesda			128 days	Wats	on		85	V = 3	3	
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	give street	oddress)	d. STREET	ADDRESS				e	. IS RESIDENCE ON A FARM?
The Clin	ical Center	. Bet	thesda 14, Md.	Rout	e l					YES NO
3. NAME OF DECEASED	Fi	rst	Middle	Lo	st	4. DATE	Mon	th	Doy	Year
(Type or print)		cil	James	Gib	son	DEATH	Augus	st	5.	1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRT	'H		9. AGE (In years lost birthdoy)			F UNDER 24 HR
Male	White	WIDOW		May :	13, 1	932	27 yrs.	Months	Doys	Hours Min.
10o. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHP	LACE (State	e ar foreign co	untry)	12. CITI	ZEN OF	WHAT COUNT
Driver		'	Trucking	W	est V	irginia			U. S	5. A.
13. FATHER'S NAME				14. MOTHER						
Claude G	ibson			E	velvn	Slone				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT T			Record Addr	ess		
Yes	Korean	2	235-54-2022	The Clin					Man	ryland
Conditions, if gave rise to couse (a), stoting tying cause last  PART 11. O'  20a. ACCIDENT W.	immediate DUE TO the under CON	) DITIONS (	ONTRIBUTING TO DEATH BL					EN IN PART	1(o) 19.	was autopsy PERFORMED? YES NO
O (IF EITHER, NOTIF	10	or 20d. It	NJURY OCCURRED 20e. 1	PLACE OF INJURY of foctory, street, offic	Home, for	m, 20f. (City		(C	ounty)	(State
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the ugust 5  Cuttur (  ARTHUR R. B	decease , 195	ed fram March 3	M.D. The Na Be	1140 3 Cli tiona	ADDRESS (SITE AD	eet, city or town, s	nd an th	8/ Lth	DATE SIGN 6/59
23. FUNERAL DIRECTOR		0	ADDRESS							
		Ro	thesda, Mary	rland		D BY REGISTR				
Tropert M.	T dimpiney	, De	mesua, mai	rand	DATE AL	JG 1 0 '59	div	Chur S.	Tuall	

Alloca Al				
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	pagreli			
*		-M charleston	Color Deci-	
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	A Jacobs Co.	Of Harm And		
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			60011110121	Misse Aller

2901 Wash

S. H. Hines Co.

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within executed pe certificate death that the attending physician the

VS A15 (4)

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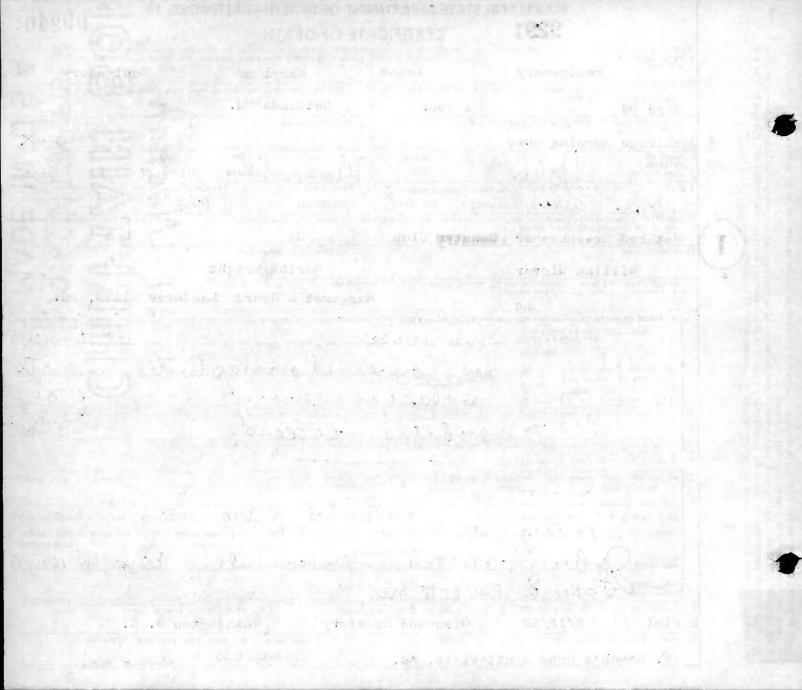
ACCIDENTIFICATION OF THE DESC The solution of the solution of the The same of the (C) Principle when the E-V-EL MARKET - - Tall O-E Tall OF The Office of the Committee of the Comm the state of the s Lie to a state of the state of

VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
9291	CERTIFICATE	OF DEATH	

09240

L. Print	SASI	CERTIFICA	ATE OF DEAT	н	Reg. I	Dist. No.	
a. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (Was STATE Mary			ence before add	
b. CITY OR TOWN ( RURAL and give n Boyd Md	(If autside carporate limits, write learest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		nits, write RURAL and	d give nearest t	awn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street Nursing Home	oddress)	d. STREET ADDRESS			OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Shir	Middle	Glas.	4. DATE OF DEATH	August	Day 16	Year 1959
5. SEX Male	W WITO WIDOW		Unknown	la la	birthday) Manths	Days Hau	
Retired	ON (Give kind of work done 10b. rking life, even if retired)  Greenkeeper	KIND OF BUSINESS OR INDU	Md		12.0	J S A	AT COUNTRY
	liam Glover			NAME a Wright		16	
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT Margaret L H	leard La	ndover Hi	ills, M	ld.
PART I. DE/ 450 .  Conditions, if of gove rise to it cause (a), stoting lying cause last.  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTION	mmediate the under to the under the under to the under to the under to the under to the under th	Jenson Slome	-cele	ss:	IDITION GIVEN IN PA	7 - U ART 1(a) 19 W PEI	COV  AS AUTOPS' RFORMED?
OF CONTROL OF THE OF TH	RY Manth, Day, Year 20d. It While at warl	Nat while fa	ACE OF INJURY (Hame, far ctory, street, affice bldg., e	tc.)		(Caunty)	(Stat
alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF		M.D. POLUPPO	M, frank the conduction of the		he date sta	
Burial (Specify	-,,	Glenwood Ce	24a. REC	O'D BY REGISTRAR	ton D. C		
F. Gasc	h's Sons Hvatt	sville. Md.	DATE	UG 2 0 '59	Clatter	0 4	



VS A1S (4) 1SM 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
9292	CERTIFICATE	OF DEATH	P

09241

CERTIFICATE	T DEATH	Reg. Dist. No.
MARYLAND 0. STA		b. COUNTY Management
c. LENOTH OF STAY IN 16 c. C.T.	OR TOWN (If aytside corporate li	mits, write RURAL and give/hearest town)
regular 184	HO3 Doungles	och Dring e. IS RESIDENCE ON A FARM? YES NO A
Harold Ge	Lost 4. DATE OF DEATH	8 19 Year 1957
OWED DIVORCED   July	6, 1874 8	SE (In years t birthday) Months Doys Haurs Min.
OF KIND OF BUSINESS OR INDUSTRY TO BE	REMELACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
gh Id		
6. SOCIAL SECURITY NO. SINFORMAN	a H. Gouch	-Son - Same
er life far (a), (b), and (c).)	Henourhan	INTERVAL BETWEEN ONSET AND DEATH
uptured freurpy des	1 Anterior Commune	eating titery 4hrs
arterioscler	osis	antenous
ns <u>Contributing to Death</u> but not relat	'ED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
DESCRIBE HOW INJURY OCCURRED. (Enter no	ture of injury in Port 1 or Part 11 of	item IB.)
hile Not while foctory, street	URY (Home, farm, 20f. (City or to	wn) (County) (Stote
		, 19-2, that I last saw the deceased
Thony M.D.	* ADDRESS (Street, c	pity or town, state) DATE SIGNEE
7720 Wiscons	sin Ave, Bethesda	1. Md.
22c. NAME OF CEMETERY OF CREMATO	22d. LOCATION (	City, town, or county) (Stote)
1000000	24g. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
	MARYLAND  The c. LENGTH OF STAY IN 1b  C. CITY  C. CITY	THE C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If gustide corporate literal address)  A. STREET ADDRESS  A. STREET ADDRESS  A. DATE OF BIRTY  DEATH  DEATH  A. DATE  OF DEATH  JOHN KIND OF BUSINESS OR INDUSTRY 11 BIRTARIACE (State or foreign country)  A. SOCIAL SECURITY NO.  INFORMANT  TO  BE LIGHT FOR JAME  I A. MOTHER'S MAIDEN NAME  I A. SOCIAL SECURITY NO.  PROBLEM AND ADDRESS  NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON  DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of foctory, street, affice bidg., etc.)  M.D.  7720 WISCONSIN AVE. Bethesde  22c. NAME OF CEMETERY OR CREMATORY  Maple Grove  12d. LOCATION  Maple Grove  DESCRIBE GROWERS  12d. LOCATION  Maple Grove  12d. LOCATION  BOONY  12d. LOCATION  BOONY

11:01 98 mary June 1 11:01 Cand - a Might 126 1 . . . . . Setting - 34,40 Decy Bear to Submoon Graperia 5403. O Employed alumi Engene thereld lough 8 Mele white is mayle 1874 85 agenty lengthale of laring 11.5 Con Indiana Edward Cornigh Gines & Guest - Sea - Some

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEDTIEICATE OF DEATH

09242

			CERTI	FICATI	E OF DEA	111		Reg. Di	st. No.		
1. PLACE OF DEATH 6. COUNTY Montgom	ery	0.1	MARY	rland 2.	USUAL RESIDENCE o. STATE Mississ		lived. If institution b. COUNTY	on: Resider	nce befor	re admis	sion)
b. CITY OR TOWN RURAL and give	(If autside carporate limits, nearest town)	write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside carpor	ote limits, write RI	URAL and	give nea	est fow	n)
Bethesd	a	20	151 days		Tylerto	wn	61	X-3	3		
OR INSTITUTION	PITAL (If not in hospitol, givenical Center		nesda 1h.	Md.	Route 5	S				ON	SIDENCE A FARM?
3. NAME OF DECEASED	First		Middle		Last	4. DATE	Mon	th	Day	y	Year
(Type or print)	Nercel	lia	Evyln		Grubbs	OF DEATH	Augu	st	3.		19 59
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRI	ED   8. D.	ATE OF BIRTH		P. AGE (In years				ER 24 HRS
Female	White v	IDOWED	DIVORCE	D A	pril 24,	1892	67 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPAT during most of we Housewi	ION (Give kind of work doorking life, even if retired)	ne 10b. KIN	None	OR INDUSTRY	2.00	ssissipp		12. CI		S.	T COUNTR
13. FATHER'S NAME				14	. MOTHER'S MAIDE						200
James Pa	ayne				Ma	ry Ball					
	/ER IN U. S. ARMED FORCE	ce) .	CIAL SECURITY NO	0	RMANT The M	edical R			1. M	aryl	and
	g the under-	-	or (a), (b), and (c).  The gasture  thereory  chactery  chactery		least is like our car	arctum	ecise ted)				eeks
САТІ	THER SIGNIFICANT CONDITION  VAS UNDERLYING   20  IG   CAUSE OF DEATH				RELATED TO THE TE			EN IN PAR	RT 1(a) 15	PERFO	AUTOPSY ORMED?
20c. TIME OF INJU	Y MEDICAL EXAMINER)  JRY Manth, Doy, Year	20d. INJU While	RY OCCURRED Not white	20e. PLACE	OF INJURY (Home, street, office bldg.,	farm, 20f. (City		(1	County)		(Stole)
	Arthur I. Gr	12 59	from Mary			inical C	the causes a	nd an t stote)	he dat	e stat	AIL SIGN
220. BURIAL, CREMATI REMOVAL (Specifi Bur Thans		2	2c. NAME OF CEM			22d. LOCATI	ON (City, tawn, a	r county)	ssi	(Sto	
23. FUNERAL DIRECTO Robert A.	r's signature Pumphrey,	Bet	hesda,		24a. R	AUG 5 '5	AR 24b. REGIS		GNATUR	E	

VS A1S (4) 1SM 10/S7

CERTIFICATE DEDEATH Protection the Cathern Landon, dether to lk, torring between Daniel Court | Daniel State notes to product the land of the A Language Language Proping Herbootte Alice Mary Land AND THE AND INTEREST OF SHEET AND THE STATE OF THE STATE OF

## death. Page 4 TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour feer death. Page 4 may be retain by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9211

### CERTIFICATE OF DEATH

09243

						Reg. Dist. No.	
a. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE o. STATE MARY	(Where deceased li	b. COUNTY	Residence before	re admission)
RURAL ond give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		e limits, write RUR	RAL and give nea	arest town)
	OMA PARK PITAL (If not in hospital, give stree	t oddress)	d. STREET ADDRES				e. IS RESIDENCE ON A FARM?
	7401 GARLAND A	VENUE	7401 GA	RLAND AVI	SNOE		YES NO NO
3. NAME OF DECEASED (Type or print)	First CLARENCE	Middle LEE GU	NDERSON	4. DATE OF DEATH	AUGUST	29	y Yeor 1959
S. SEX MALE	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 6/19/92	9.	1 1 1 1 1	Months Days	Haurs Min.
Oa. USUAL OCCUPAT during mast of was SALESMAN	TION (Give kind of work done 10borking life, even if retired)	KIND OF BUSINESS OR INDU			itry)	12. CITIZEN OF	WHATCOUNTRY
3. FATHER'S NAME	UL VIDECT IN	Section (Reserved I)	14. MOTHER'S MAIDE	N NAME			
JOHN A. C	UNDERSON		SARAH	TOLSFSON			
YES  1B. CAUSE OF DE	/ER IN U. S. ARMED FORCES? 16  (If you have works domes of service). 1  EATH [Enter only one couse per leath WAS CAUSED BY:	84-01-1583A M	rs. Georgia	S. Gunde	rson, 740	01 Garla	IN AVE
Conditions, if gave rise to cause (a), stating lying cause last	g the under-	DOUCESLOW	7 9 010	maen			geac.
PART II. O	THER SIGNIFICANT CONDITIONS USLASES TO LES	contributing to DEATH BU	a al. d.	erminal disease c	ONDITION GIVEN	N IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING   20b. DE IG   CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I ar Port II	af item 18.)		
20c. TIME OF INJU Haur o. m. p. m.	. While		ACE OF INJURY (Home, actory, street, office bldg.,		tawn)	(Caunty)	(State
21. I certify alive an	that I attended the decea ugag	Sq. Sand that death	2, 1942, to a cocurred at 1113	SAM, fram th		an the date	
220. BURIAL, CREMATI REMOVAL (Specif BURIAL	10N, 22b. DATE THEREOF  9/1/59	22c. NAME OF CEMETERY C			N (City, tawn, or E Geo. Co		(Stote)
23. FUNERAL DIRECTO	PUMPHREY, INC.	ADDRESS SILVER SPRI	NG, MD. 24a. I	REC'D BY REGISTRA		RAR'S SIGNATUR	RE

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9212

### **CERTIFICATE OF DEATH**

09244

Reg. Dist. No.

o. COUNTY	ntoomers	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE	b. COUNTY	on: Residence before	e admission)
b. CITY OR TOWN ( RURAL and give no  Fakoma	If outlide corporate limits, write earest town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RI	URAL ond give near	rest town)
	TAL (If not in hospital, give street	Hospital	d. STREET ADDRESS  RD 3 (WADE	)	6	ON A FARM? YES NO.4
3. NAME OF DECEASED (Type or print)	Edity	None		OATE Mon	th Day	Year 1959
s. SEX Female	11/4/	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH  11 - 12-8	9. AGE (In years lost birthdoy) 7/ yrs.	Months Doys	Hours Min.
during most of wor	ON (Give kind of work done 10 king life, every if retired)	EDUCATION	PUSTRY 11. BIRTHPLACE (Stote or fo	reign country)	12 CITIZEN OF	WHAT COUNTRY?
Elisha.	Smith		14. MOTHER'S MAIDEN NAME	Willian	15	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Washington San	itariam X	Hospita	1 Recen
	mmediate (	Joseph (c). (b), ond (c).] Love paley of	Storeach	atoris	ONS	AND DEATH
VOLUME I I I I I I I I I I I I I I I I I I I	(c)	S CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIV	/EN IN PART 1(o) 19	P. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING   20b. DI G CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in Port I	or Port II of item 1B.)		
20c. TIME OF INJUI Hour o. m. p. m.	Whi		PLACE OF INJURY (Home, form, 20 foctory, street, office bldg., etc.)	f. (City or town)	(County)	(Stote)
21. I certify the alive an Cual	nat I attended the decer	ased fram August  19, and that dea	th occurred at 820 A.M., ADDI			
SIGNATURE	yes .				· ·	
PHYSICIAN'S NAME (Type)	1	'ZMS		LOCATION (C)		0
PHYSICIAN'S NAME (Type)  220. BURLL, CREMATIC PEMOVAL (Specify)	ON. 22b. DATE THEREOF	22c. NAME OF CEMETERY	Twa Cemetery -	LOCATION (City, town, o	77	(Stote)

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur are death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after leath.

VS A1S (4) 1SM 9/SB

A CONTRACTOR OF THE PARTY OF TH CHECKE SELECTION or Ar Southwest of Pos Fellows Cenetery votter 14s. 28. lyst vennel Ave, on 1.5.5 persons

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9294 CERTIFICATE OF DEATH o. STATE MARYLAND c. LENGTH OF STAY IN 16 d. STREET ADDRESS

09245

Rea. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Montgomery b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? **OR INSTITUTION** Hospital YES NO TO NAME OF 4. DATE Middle Last Month Day Year DECEASED OF DEATH (Type or print) 125 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) lost birthday) Months Doys DIVORCED [ WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? None US Infant 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address J. Hamernik-father-item 2d Daniel None -NO 18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (State) (County) foctory, street, office bldg., etc.) MEDI Haur a.m. While Not while at work at work 21. I certify that I attended the deceased from. \_\_, 19\_59, that I lost saw the deceased olive on and that death accurred PM, from the couses and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Cemetery **ADDRESS** 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR DATEAUG 2 6 '59 Pumphrey Bethesda, Maryband

funeral B the fu by ... 2 filled Poges completely poper pup carban ō ofter physician remove 72 attending please the PY any mi. gned per been sig burial-transit hos certificate O FUNERAL DIRECTOR: A page 3 shauld be detach prior registrar 10

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VS A15 (4) 15M 9/5B

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### CERTIFICATE OF BEATH

09246

		70-1	CERTIFICA	AIE OF DEAT			Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY  Montgome	rv		MARYLAND	2. USUAL RESIDENCE (W o. STATE New York		l. If institution b. COUNTY	on: Residence	e before o	imission)
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate li	mits, write R	URAL ond gi	ve negrest	town)
Bethesda			21 days	East Elmi	nerst. Lo	ng Isl	a nd	6	9X-3
d. NAME OF HOSPIT	AL (If not in hospital,	give street	oddress)	d. STREET ADDRESS				e. IS	RESIDENCE
			thesda ll. Md.	2718 McI	ntosh Str	eet			S NO TO
3. NAME OF		irst	Middle	last	4. DATE	Mon	th	Day	Yeor
DECEASED (Type or print)	Es	mond	Lemond	Haywood	DEATH	Augu		28.	19 59
S. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	8. DATE OF BIRTH	9. AC	F (In years			JNDER 24 HRS.
Male	Negro	WIDOW		July 6, 19		Birthday)	Months [	Days Ho	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU				12. CITIZ	ZEN OF W	HAT COUNTRY
Merchant	king life, even it refired	3)	Shipping		rida			U. S.	
13. FATHER'S NAME			opb	14. MOTHER'S MAIDEN				0. 0.	44.0
Ben Hayw	ood ·			Dore	othy Tayl	or			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT The Mar	diani Roo	and Add	ress		
No No	(If yes, give wor or dates of			The Clinical				Max	bee fro
	TM [Sates only one o		ne for (o), (b), and (c).] Ca	wdian Failum	odnoer,	De ones	-4A		
	TH WAS CAUSED BY:							ONICET A	L BETWEEN
MEIL	IMMEDIATE CAUSE (	o) Per	iod, following				rallo	b. 1	2 Hours
134.	O DUE TO	1766		yanotic Hear	t Disease	9		1000	
Conditions, if o		Tet	ralegy of Fall	.ot.				23	Years
gove rise to incouse (o), stoting									
lying couse lost,	) (	c)							
3	IER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CON	IDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
O (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)			
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While of wor	Not while for	ACE OF INJURY (Home, forr ctory, street, office bldg., etc	n, 20f. (City or to	wn)	(Co	ounty)	(Stote)
21. I certify th	at I attended the	deceas	ed from August	7 19 59 to 1	August 28	10 55	that I le	ist saw t	he decemen
alive on A	ugust 28	195	9 and that death	accurred at 7:30	P M from the		and on the	. data -	total above
	. 1	/	, and mar deam	decorred diagram	ADDRESS (Street, o	ity or town.	stote)	e agie s	DATE SIGNE
ACTUAL SIGNATURE	Lemm	411	Colleur	The C	linical C			8/	29/59
SIGNATURE DE	- Jin	ave	Cocco	Natio	nal Insti		of He		-////
PHYSICIAN'S NAME (Type)	. Perryman	Coll	ins, M.D.		sda 14. M			W.L. 011	
220. BURIAL, CREMATIO			22c. NAME OF CEMETERY O						
REMOVAL (Specify)	9-1	59	22C. INOME OF CEMETERY O	K CKEMATORT	22d. LOCATION	yily town, o	county)		(Stote)
03 FILLIEDAL	1-1-	21				LOU	us_		
23. FUNERAL DIRECTOR	SSIGNATURE	1	ADDRESS 269 DT	. A	D BY REGISTRAR		TRAR'S SIGN		
m - 10 1 1	I as I'm a A I I	10.000	714 1	11 / /1/ 10/1	12 T C	1	e1 D	ARM .	

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death. Page 4

After this certificate has been signed by the attending physician and camptefety filled in by the funeral director, hed far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with rial, crematian, ar removal, and in any event within 72 haurs after death. may be retail by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and calpage 3 shauld be detached for use as the burial-transit permit. Then please remave carban page the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VS A15 (4) 1SM 10/S7

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9296

**CERTIFICATE OF DEATH** 

Rea Dist No

09247

		2 2						Reg. Dist. 1	10.	
UTIALL	ONTGOMERY		MARYLAND	2. USUAL RESI	DENCE (Whe	pre deceased	lived. If instituti b. COUNTY	an: Residence b	efare admi	ssion)
Y OR TOWN (IF RAL and give new SILVER	outside carporate limi arest tawn) SPRING	ts, write	c. LENGTH OF STAY IN 16	11				URAL and give	nearest tav	vn}
ME OF HOSPITA	Al (If not in bosnital o	give street of	oddress)	11 /		RGIA A	VENUE	5.71	ON	SIDENCE A FARM?
ASED	MINNA	st	Middle E. HEIT		st	4. DATE OF DEATH	AUG.		Day 3	Year 19 59
FEMALE	6. COLOR OR RACE WHITE						P. AGE (tn years last birthday)  89 yrs.		-	
MAKER -	ng life, even if retired	)		WASI	HINGTO	N, D.				COUNTRY?
IN SPENG	LER				A KRAF	T				
r unknown] [ [[					Heitm	uller	3001 Be	eech St.	, N.	W.
L20./ nditions, if an ve rise to in se (a), stating to ag cause last.	y, which (but to mediate he under:	C	Oronau ONTRIBUTING TO DEATH BU	as in a line of the control of the c	lec Oxidetermin	is &	oscle condition give	SI PSPS VEN IN PART 1(0	30 U	LOAL AUTOPSY BRMED?
	- 91 - 75 15	V	me							NO NO
CONTRIBUTING	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	of injury in P	art I ar Port	II of item 18.}			
TIME OF INJURY Haur a.m. p.m.	Month, Day, Ye	While	_ Not while _ fo				or town)	(Coun	ty}	(State)
Ve on	JOHN J.	195	g, and that death		239	M, film to ADDRESS (Str	he causes an	d on the do	ate state	
IAL, CREMATION	, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCAT	ON (City, town,	ar canty)	(Sto	ote)
	8/15/59		ROCK CREEK C	EMETERY		WASHIN	GTON. D	.C.		
PAR DIRECTORS	UNICHARLEY, I	NC.	SILVER SPRING	, MD.	24a. REC'D	BY REGISTE	AR 24b. REGI			
	Y OR TOWN (IF RAL ON TOWN) (IF RAL ON TOWN) (IF RAL ON TOWN) (IF RAL OF HOSPITAL OF TOWN) (IF RAL OF HOSPITAL OF TOWN) (IF RAL OF TOWN) (IF RA	Y OR TOWN (If outside corporate limit RAL and give nearest town).  SILVER SPRING  ME OF HOSPITAL (If not in hospital, ginstitution) 10,213 GEOR  E OF ASED MINNA  6. COLOR OR RACE  WHITE  JAL OCCUPATION (Give kind of working most of working life, even if retired MAKER — OWN HOME  ER'S NAME  IN SPENGLER  DECEASED EVER IN U. S. ARMED FOR MINNA  CAUSE OF DEATH [Enter only one company of the compan	Y OR TOWN (If outside carporate limits, write RAL and give nearest town)  SILVER SPRING  MALE OF HOSPITAL (If not in haspital, give street of INSTITUTION 10, 213 GEORGIA AND ASED OF PIRSTITUTION 10, 214 GEORGIA AND ASED OF PIRSTITUTION 10, 215 GEORGIA AND ASED OF PIRSTITUTION 10, 21	MARYLAND  Y OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b SILVER SPRING 26 yrs  INSTITUTION 10, 213 GEORGIA AVE.  EOF FIRST MIDDING 10, 10, 213 GEORGIA AVE.  EOF FIRST MIDDING 10, 10, 213 GEORGIA AVE.  EOF FIRST MIDDING 10, 10, 213 GEORGIA AVE.  EOF FIRST MARRIED   NEVER MARRIED   DIVORCED   DI	WASTEAND  Y OR TOWN (If outside corporate limits, write RAL and give nearest town)  Y OR TOWN (If outside corporate limits, write RAL and give nearest town)  STILVER SPRING  26 yrs  56 S  SILVER SPRING  26 yrs  6. COLOR OR RACE  FIRST  Middle  HEITMULLER  ASSED  OF PIPIND  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRT WIDOWED   DIVORCED   5/30/7/  MAKER WHITE  WIDOWED   DIVORCED   5/30/7/  MAKER OWN HOME   Tetited   WASI  14. MOTHER'S  OTELLA  DECEASEDEVER IN U. S. ARMED FORCES? (In SOCIAL SECURITY NO. MINFORMANT NONE  CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  INDIVIDUAL CAUSE OF DEATH (C), storing the under see (a), storing the under see (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PRELATED TO work and work of work in order order order order or work in order	MARYLAND  OR TOWN If outside carporate limits, write all ond give nearest fown)  SILVER SPRING  SILVER  SPRING  SILVER  SILVER  SILVER  SILVER  SILVER  OR	VOR TOWN (If outside corporate limits, write and one proposed limits, and proposed limits, an	MARYLAND  O. STATE MARYLAND  D. COUNTY Y OR TOWN (if outside corporate limits, write along the consequence town) SILVER SPRING  SILVER SPRING SILVER SPRING  O. CITY OR TOWN (if outside corporate limits, write is c. LENGTH OF STAY IN 1b is a consequence town) SILVER SPRING  O. CITY OR TOWN (if outside corporate limits, write is c. LENGTH OF STAY IN 1b is a consequence town) SILVER SPRING  O. CITY OR TOWN (if outside corporate limits, write is consequence town) SILVER SPRING  O. CITY OR TOWN (if outside corporate limits, write is consequence town)  O. CITY OR TOWN (if outside corporate limits, write is consequence town)  O. CITY OR TOWN (if outside corporate limits, write is consequence)  O. COLOR OR RACE  O. ARRIED  NORCED  O. PASTELLA AVENUE  O. COLOR OR RACE  O. MARRIED  NORCED  O. STATE MARYLAND  C. CITY OR TOWN (if outside corporate limits, write is consequence)  O. SILVER SPRING  O. SILVER SPRIN	EOF DEATH  MONTGOMERY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be. COUNTY MONTGON  3. STATE MARYLAND  2. STATE MARYLAND  3. STATE MARYLAND  3. STATE MARYLAND  4. STATE MARYLAND  5. STATE MARYLAND  6. COUNTY MONTGON  7. OR TOWN If Guitide corporate limith, write  8. COUNTY MONTGON  7. OR TOWN IF Guitide corporate limith, write  8. COUNTY MONTGON  7. MARRIED  8. STATE MARYLAND  6. STATE SPRING  6. SILVER SPRING  6. SILVER SPRING  6. COLOR & ACE.  7. MARRIED  8. Middle  8. HEITMULLER  8. Middle  8. HEITMULLER  8. Middle  8. ACE (In years life limith, write RURAL and give april)  8. ACE (In years life limith)  8. ACE (In years limith)  8. ACE (In years life limith)  8. A	SOF DETH MONTGOMERY  MARYLAND  2 U.SJAA RESIDENCE (Where descarded lived. If institution: Basidence before admit with the month of the property of the propert

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian, Reg. Dist. No please ex 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY g. STATE b. COUNTY MARYLAND buriel, b. CITY OR TOWN (If autoide cos c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give morest town) and give negrest town) life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS priar ON A FARM? YES NO dire files. the registror NAME OF DATE Middle 4. Month Day Year the funeral far yaur DECEASED OF DEATH 1913 (Type or print) TUNILIN 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 B. DATE OF BIRTH ast birthday) Months 2 with the Hours WIDOWED | DIVORCED | 0 0 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 3 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) U.S.A. puo pup pe 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 1, Lucinda McCrea 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of semi Give none no PM3 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO with Conditions, if any, which) gave rise to immediate cause burio DUE TO (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS SD PERFORMED? NO I 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stole) (County) factory, street, office bldg., etc.) While Not while g. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find that DIRECTOR: death resulted fram: Natural causes 12, Accident , Suicide , Hamicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER forwarded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) MONTGOMERY COUNTY, MARYLAND 8/24/59 PARKLAWN CEMETERY ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE WARNER E. PUMPHREY. INC. VS. A15ME(5) SILVER SPRING, MD. DATE AUG 2 4 '59 arthur S. Thous

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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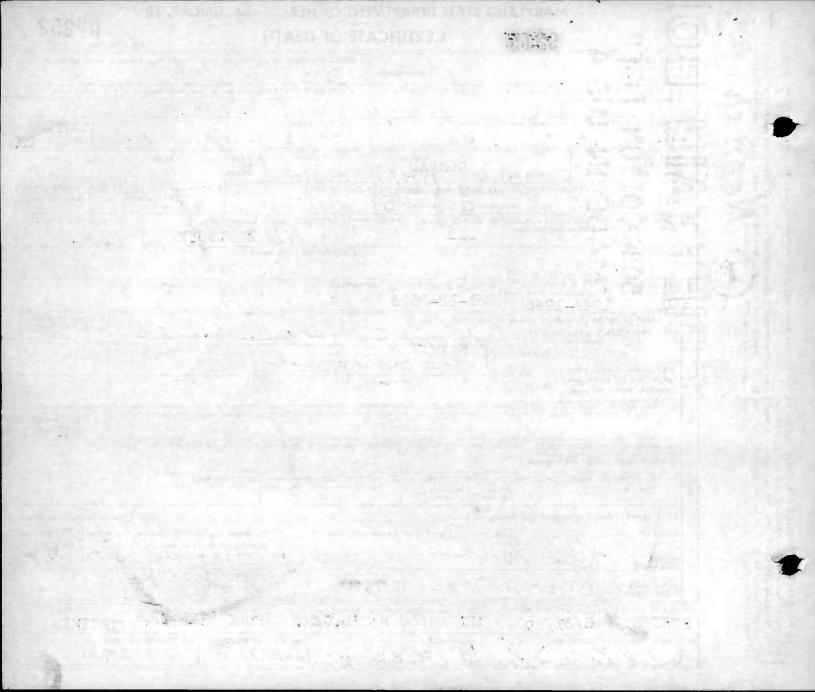
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

921.5 CERTIFICATE OF DEATH

() 9252 Reg. Dist. No.

UNI U		, 110
1. PLACE OF DEATH O. COUNTY //Ontgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)
Takoma Park /3 days	WASHINGTON	47x-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington Son and Hosp.	3022 Wisc. AvelVWI	YES NO X
3. NAME OF DECEASED (Type or print)  ONRA  ONRA	Lost 4. DATE Month OF DEATH	Day Year 2 7 1959
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZI	EN OF WHAT COUNTRY
K' N	P/A/ KENTUCKY A	shier.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Mity Convad	Alice Mayo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  VES  1944-1945  10. SOCIAL SECURITY NO.  231-32-2826	chart (Pt)	
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	- 16, 6, 6	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	- for areas much	
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Conditions, if ony, which gove rise to immediate	0	
couse (o), stoting the <u>under-</u> lying couse lost.		
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	123 🚜 110 🖸
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, form, 20f. (City or town) (Cooctory, street, office bldg., etc.)	ounty) (Stote
21. I certify that I attended the deceased fram.	, 19, to, 19,that I last	t saw the deceased
alive an, 19, and that death		
ACTUAL SIGNATURE	ADDRESS (Street, city or town, state)	St DATE SIGNED
PHYSICIAN'S NAME (Type) CM 25 H WELU HO!	y Wark. De	
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL Specify) 8/31/59 ARLINGTON NA	OR CREMATORY AT L. CEM. FORT MYER VI	(Stote) RGINIA
23. JUNERAL DIRECTOR'S SIGNATURE	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	4
Willel The Low Lander 1756 Sal	Le D. C. DATE AUG 3 1 '59   Carling & 1	Trous



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death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9299 CERTIFICATE OF DEATH

	1365	3433		CERTIFIC	CA	TE OF DEAT	Н		Reg. D	ist. No.	215	
1.	PLACE OF DEATH a. COUNTY Montgomery			MARYLAN		2. USUAL RESIDENCE (W g. STATE Virginia	here decease	ed lived. If institution b. COUNTY AT LINE		nce befa	re admiss	ion)
	b. CITY OR TOWN (If RURAL and give ned	outside carporate limi	ts, write	c. LENGTH OF STAY IN 1	Ъ	c. CITY OR TOWN (If	autside carp			give nec	rest tawr	1)
		Rural)		37hr. 20min	n.	Arlington		8	3 x-	3		
	d. NAME OF HOSPITA	AL (If nat in haspital, g				d. STREET ADDRESS	A	- 64				IDENCE FARM?
_		l Hospital				1003 S. Fre						
3.	NAME OF DECEASED (Type or print)	Fir Ba	by Bo	Middle		JACKSON	4. DATE OF DEATH	Augu		2		Year 19 59
S.	SEX	6. COLOR OR RACE		ED NEVER MARRIED	В.	DATE OF BIRTH		9. AGE (In years				R 24 HRS.
1	Male	Caucasian	WIDOWE	D DIVORCED		8-22-59		last birthday)	Manths	Days	Haurs	Min.
100	. USUAL OCCUPATION	N (Give kind of work of	dane 10b. I	CIND OF BUSINESS OR IN	IDUST	RY 11. BIRTHPLACE (State	ar fareign	country)	12. CI	TIZEN OF	WHATC	OUNTRY
	None	ng life, even if retired				Maryl			U.	. s.	Α.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	William E.	JACKSON				Marlene Ka	ay RUS	CH				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INF	ORMANT		Add	ress			
, ,	No	yez, give wor or ordina or a	arvice,	None	Но	spital Recor	:ds					
NO	Canditians, if an gave rise to imcause (a), stating to lying cause last.	he <u>under-</u> DUE TO	)	hyxia, neons			MINAL DISEA	SE CONDITION GIV	'EN IN PA		9. WAS	AUTOPSY
CATIC	1175	1,25,192						_7000				NO [
L CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCU	RRED.	(Enter nature of injury in	Part I ar Pa	rt II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yee	While at wark	_ Not while _		E OF INJURY (Hame, far ry, street, affice bldg., et		y ar tawn)		(Caunty)		(State)
	actual SIGNATURE		) (	ed from August 59 and that de		, 19.59, to Andrews of L2:05  D. U. S. Nav.  Bethesda	ADDRESS (S	the causes an irreet, city ar town, spital	d an th	e date	stated	d abave re si <b>gne</b> b
22	BURIAL, CREMATION	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETER	YOR	CREMATORY	22d. LOCA	TION (City, tawn,	ar caunty)		(Stat	e)
T	REMOVAL (Specify)	- de 8-21		Ducolemone (				factor	, ,		240	

23 FUNERAL PRECTOR'S SIGNATURE ADDRESS

R. N. Pumphrey Funeral Home, Bethesda, Md.

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 6 '59 Crimy & Kuna

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0200

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melit of	3300		CEKTIF	ICAI	E OF DEA	AIH			Reg. D	ist. No		
o. COUNTY Montgomer	•у		MARYLA		o. STATE Marylan		deceosed	lived. If instituti			re admiss	sion)
b. CITY OR TOWN (If a RURAL ond give near	rest tawn)		LENGTH OF STAY IN	ч 16				ote limits, write R			arest town	n)
d. NAME OF HOSPITAL		give street add	life		Spence: d. street ADDR		e,	(Nural)	,		_	IDENCE FARM?
B. NAME OF DECEASED (Type or print)	GalebFi	rst	Middle James		Johnson	4	DATE OF DEATH	Aug	7 7	Do	,	Yeor 19 <b>9</b> 9
Male	6. COLOR OR RACE  Colored	7. MARRIED	NEVER MARRIED  DIVORCED		an. 25,	1880		9. AGE (In years last birthday) 79 yrs.	Months Months	R 1 YEAR Days	Haurs	Min.
Oa. USUAL OCCUPATION during most of workin  Lahorer	I (Give kind of work g life, even if retired	done 10b. KIN	D OF BUSINESS OR	INDUSTRY		(State or syland		untry)	12.CI		WHATC	OUNTRY
3. FATHER'S NAME	lliam Johr	nson		1	4. MOTHER'S MAI	aboth						
5. WAS DECEASED EVER		CES? 16. SOC	CIAL SECURITY NO.	INFO	RMANT Herbert	Johns	on	Speno		11,	Md.	
Conditians, if ony gove rise to improve the cause (a), stating the lying couse last.	WAS CAUSED BY: MMEDIATE CAUSE (c  DUE TO  , which mediate e under:  DUE TO	) ) ) )	Cerebral Hypert Arterio	ensiv						ON		DEATH
Ar	thritis		TRIBUTING TO DEAT						VEN IN PA	KI 1(a)	PERFO	RMED?
20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH EDICAL EXAMINER)			Oe. PLACE	OF INJURY (Home, street, office bld	e, farm,				(County)		(Stote)
21. I certify that alive an	Velte	deceased , 1959		death od	corred at 8:	Q7AM	, fram	the causes an eet, city or town,	d an th		stated	
220. BURIAL, CREMATION REMOVAL (Specify)	8/10/		Round O		REMATORY	22	d. LOCAT	ON (City, town, encervil)	or county)	a./	(Stot	te)
23. FUNERAL DIRECTOR'S		oden	ADDRESS Rockville,	Ma.		REC'D B			STRAR'S S	4 .	RE	A

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with page 3 should be hurial, crematian, or removal, and in any event within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL VS A15 (4) 15M 9/5B SE FEMAND ROSTRONITADO.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09255

Reg. Dist. No.....

9301

# CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Montgomery MARYLAND	Maryland Montgomery
COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	COUNTY
OR end give neerest town) (in this place)	OR ME
TOWN Colesville  1 Year	X TOWN Rural Gaithersburg
Hospital or Institution or Marilea Nursing Home Street Address Marilea	STREET (If rure) give location) ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
(Type of Print) Emily R. Jo	ohnson DEATH Aug. 16 19 59
	DATE OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS
Specify) Widowed Se	ept 27 1887 71 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUSTRY	11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, even if OR INDUSTRY retired) House Wife	Maryland Country?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
	55명에 보고했다. 프로테이 트로테스팅스 보다의 드라고 하는 것 같아.
Lawson Day	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	NO. 17. INFORMANT & ADDRESS
(Yes, no or unk.) (If Yes, give wer or detes of service) Unknown	Marilea Nursing Home
18. MEDICAL	L CERTIFICATION INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
332X IMMEDIATE CAUSE (A) Cerulral	Infantin 4th
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Cerchal	Hirombosis 6 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	C. t. S. Il
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	after sections maying
TO THE DEATH BUT NOT RELATED TO THE	Levelin + Consider 21 5th
DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	The following of the state of t
176. DATE OF OPERATION	20. AUTOPSY? YES NO (
21a. ACCIDENT WAS UNDERLYING     21b. PLACE (Home, ferm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that Lattended the deceased from	7 1957 to 87 16 1, 1957 that I last saw the deceased
	red at 1.01.4.M, from the causes and on the date stated above.
SIGNATURE / // )	ADDRESS (Street, city, towo, stete) DATE SIGNED
The phu h. Jones MI	Miller hold collection
23 RUPLAL CREMATION / DATE THEREOF / I NAME OF CEMETE	D. COULTER (City, 10wn, or county) (State)
REMOVAL (SPECIFY)	(3.45)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. UNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE AUG 1 9 '59 Chilun S. Kraus	May au DarberLaytonsville, Md.

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		Of the Philadelphia
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VS. A15ME(5) 5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9302 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09256

Reg. Dist. No.

	reg, oin, ito,
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
montainmety MARYLAND	a. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give pagrest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Beth estal 10 min	126 Rock 11/10.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Du burban	112 North 5T. YES NO
3. NAME OF First Middle	Last 4. DATE Manth Day Year
(Type or print) FMINK HENKI T	nhasan DEATH 8 24 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IFUNDER TYEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED D	July 18 1922 Jost birthdoy) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired)	11/3
12 EATHER'S MALE	mary land W. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Johnson	HANNAHDaynes.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) [1 Hr yes, give wor or dotes of service)	NFORMANT Address My
NO E	seph Johnson 1/2 North 5/ Rockyille.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EV Dan QUILLING	ONSET AND DEATH
00h v	ullon app 30 min
782 X DUE TO	la la company
Conditions, if any, which gave rise to immediate couse	of Rulmonary agreey upp so min
(a), stating the underlying DUE TO	
cause last. (c) Spar WOL	incl. The some
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	YES NO []
	Enter nature of injury in Port I or Part II of item 18.)
206. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING CAUSE OF DEATH.	
man wound	CE OF INJURY (Hanke, form, 20f. (City or town) (County) (State)
Haur While Not while fact	lary, street, affice bldg., etc.)
	street Bocherle monty mil
21. I certify that I took charge of the remains described obc	ove, held on Autopsy , Inspection , Inquiry , and find that
death resulted from: Notural causes , Accident , Sui	icide [], Homicide [], Undetermined couse [].
SIGNATURE They I O. Broschew	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
SIGNATURE ALLEN J. PARTETION	M.D.  ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) FARRIK J. Broschant	DEPUTY MEDICAL EXAMINER TO 8-25-53
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY   22d. LOCATION (City, town, or county) (State)
Burial 8/27/59 Our Lady's C	3/ 2
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	hapel Madley's Neck Maryland  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W. Clarke Mattingley Leonardtown, Maryla	nd DATELIG 27'59 Cuil 9 H

das lu	CERTIFICATE OF PEATH		(30)
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09257

Reg. Dist. No.

**CERTIFICATE OF DEATH** 

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ofter death. Page 4

VS A

Pol M	1. PLACE OF DEATH O. COUNTY Montgomery Mary	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
Pages 1 and 2 shauld be filed with	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Washington, Dic. 47x 3
2 sha	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS 3426 16th St. N.W. Apt. 107  o. IS RESIDENCE ON A FARM? YES IN NOT
P	Sharon Nursing Home	
e se	3. NAME OF DECEASED (Type or print)  Signature of Decease of Decea	ones lost August 14, 1959
Pag	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
ż	male white widowed to DIVORCE	9/22/70 88 yrs. Solution 19/22/70
remove carbon papers.  7 hours after death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Treasury Dept.	R INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Pennsylvania  U.S.A.
of ter	13. FATHER'S NAME Richard Jones	14. MOTHER'S MAIDEN NAME Emma Miller
Hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT Address
	no 578-24-4488	SAPearl A. Jones same as #2
Then please revent within 72	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	ucery Therony boses Interval Between ONSEL and DEATH
Then	420.1 DUE TO	a file of
	Canditians, if ony, which ) (b) Wedtelly	lit. Heart Descare 10tiges
₹.5	gave rise to immediate couse (a), stating the <u>under-</u>	
al-transit val. and		ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \bigcap  \text{NOT}  \text{RED} \\ \text{YES} \( \bigcap  \text{NOT} \\ \text{RED} \\ \text{YES} \( \bigcap  \text{NOT} \\ \text{RED} \\ \\ \te
as the burial-transition, or remaval, and		CCURRED. (Enter nature of injury in Part I or Part II of item 18.)
crematian,	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  P. m.  19 at work at work at work	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or tawn) (Caunty) (State)
far.	21. I certify that I attended the deceased from Gales	8, 1959, to accept 14-, 1959, that I last saw the decease
detached far use ta burial, cremati		death accurred at 4.5 AM, fram the causes and on the date stated above
be del	ACTUAL SIGNATURE LECEL / Caraplell	ADDRESS (Street, city or town, stote)
D &	PHYSICIAN'S NEITP. Carupb	ell wach We
page 3 shau the registrar	REMOVAL (Specify) 8/16/59 T.Allrel	TERY OR CREMATORY  Mem. Park Cem. Pleasantville, N.J. (Stote)
0 ±	23. FUNERAL DIRECTOR'S SIGNATURE 2901 APPRESS S	+ N W 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
(4) (SS	The S H Hines Co 2901 14th	9. D.C. PARIG 25 '59 Quiling & King

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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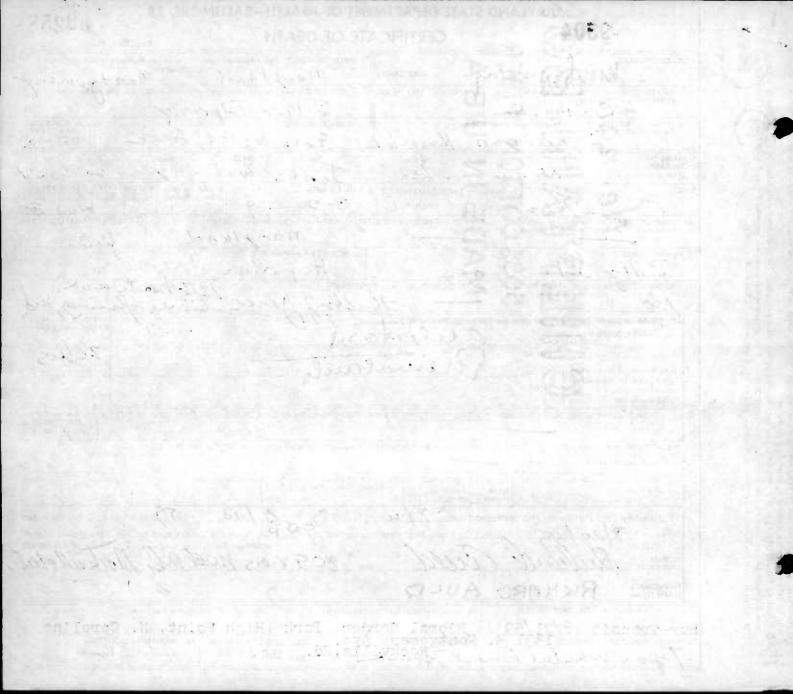
FUNERAL DIRECTOR:

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VS A15 (4) 15M 9/58

per

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TO FUNERAL DIR TO HOSPITAL

VS A15 (4) 15M 10/57

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09259

9305	CERTIFIC	ATE OF DEA	TH	Reg.	U3233
1. PLACE OF DEATH O. COUNTY Mout gomes	MARYLAND	II o STATE		If institution Resi	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	wa.	(If outside corporate lim	its, write RURAL or	nd give nearest town)  A H/X
2.000	oddress)	d. STREET ADDRES	Varren	St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) (Ide/in &	Middle	im 62/1	4. DATE OF DEATH	Tug.	Day Yeor 30 = 125
1- W WIDOWE		Spare OF BIRTH	11 8	birthday) Month	
10a. USUAL OCCUPATION (Give kind of work done during most of posting life, even if retired)	KIND OF BUSINESS OR INC	Gutten	berg. n	12.	USA,
John Schaffer		ade/	ine 71	ick	BECKET
(Yes. no. or unknown) (If yes, give for or fates of service)		HOSpital	Record:	Address	
1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se for (a), (b), and (c).]	Prit	nelis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	(Steers)	Virilee	elafler	odina	2 48 Lan
couse (o), stoting the under- lying couse last.	Devitier	eldes			Sday
PART II. OTHER SIGNIFICANT CONDITIONS C					PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCUR				
20c. TIME OF INJURY Month, Doy, Year 20d. IN While of work	Not while	PLACE OF INJURY (Home, factory, street, office bldg.,	form, 20f. (City or tow , etc.)	n)	(County) (Stot
21. I certify that I attended the decease olive on 2 7 , 19	7: /	19_57, ta th occurred at 20%	20 M, from the	/	I last saw the decea
ACTUAL SIGNATURE SIGNATURE		M.D. Sax	ADDRESS (Street, of	or Jown, state)	in On S
PHYSICIAN'S J.M. BIRS		SAN	DY SP	king,	MARYLAN
20. BURIAL CARMATION, 22b. DATE THEREOF SEPT 1, 1959	FAIR FIE	EW	FAIR F	IEW,	New JERSE
23 FUNERAL DIRECTOR'S SIGNATURE	a) Wash. D	240. 1 DATE	REC'D BY REGISTRAR P 3 '59	24b. REGISTRAR'S	1.0

ST ASSIMPTIAL ANTENNA TO THE STATE OF A STATE OF A -CHINERO PO BIADRIMA DENT THE RESERVE OF T The state of the s ENGLISH M. BIRED SANDY SPRING M. W. SPRING PARK NOW THE WORLD WINDS AND THE STATE OF TH with a state of the state of th

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH	
Name of Street, and the street of the street	Timber to 18414
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TO HOSPITAL O

VS A1S (4) 1SM 9/5B

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CERTIFICATE OF DEATH

09261

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ONTGOMERY	MARYLAND	2. USUAL RESIDENCE ( o. STATE MARY		ved. If instituti b. COUNTY		before adm	
RURAL and give	I (If autside carporate limits, write nearest town) ER SPRING	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	If autside carporat		URAL and giv	re nearest to	wn)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospitol, give street  ALTHEA WOODLAND	The second secon	d. STREET ADDRESS 805 BR	ANTFORD	AVENUE		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First CLARA	Middle	KING	4. DATE OF DEATH	AUGU		Day 16	Year 19 59
5. SEX FEMALE	6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH 4/1/67	9.	AGE (In years lost birthday) 92 yrs.	Months D	YEAR IF UN	
during most of w	TION (Give kind of wark dane 10b. orking life, even if retired)  ER (retired) Equ	Co	• • • • • • • • • • • • • • • • • • • •	NGTON, D		12. CITIZE	U .S	COUNTRY
	B. BRITTAIN		unknown	PAYNE				
			rs. Gertrude	E. King		ington Quebec		
Canditians, if gave rise to cause (a), stotin lying cause las	immediate DUE TO	Nephs	Lac. Los eler T NOT RELATED TO THE JEF		CONDITION GIV	/ENI INI DART	10-	very s AUTOPS
L ACCIDENTA	nteriascle	CRIBE HOW INJURY OCCURRE	neralis	sed.		VEN IN PAKI	PER	FORMED?
□ OR CONTRIBUTING	NG CI CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIDE NOW INJUNI OCCURR	D. (Eliter holore di infory)		or now long			
20c. TIME OF INJ	n. While		ACE OF INJURY (Home, for actory, street, affice bldg.,		r lawn)	(Co	ounty)	(State
21. I certify	that I attended the deceas		ot, 1953, ta accurred at 9 f	M, fram th				
ACTUAL SIGNATURE	Balph &	. Setten	M.D. 8641	ADDRESS (Street	et, city ar town,	The fo	Pred o	Lug!
PHYSICIAN'S NAME (Type)	KALPH F	. PATTEN	MR Su	line S	bru	19 /	M	
220. BURIAL, CREMAT REMOVAL (Specie BURTAL		22c. NAME OF CEMETERY C			NGTON,		(5	tate)
WARNER	OR'S SIGNATURE E. PUMPHREY, INC	ADDRESS SILVER SPR	ING, MD. 240. RE	AUG 2 0 '5	24b. REGI	Istrar's sign		

3888 2 TO 11 A TO 12 A TO 1 The first tree is the state of . T.C. . noch millent The state of the state, and connected, their The state of the s REPORT OF THE PARTY SE SENCE SO SHOULD AND THE THE SECOND STORY OF THE SECOND STORY and the second second PORTER OF SERVICE STATE OF SERVICES

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9307 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09262

Reg. Dist. No.

								Mag. Dist	. 110.	
1. PLACE OF DEATH					2. USUAL RESIDENC	E (Where dece			e before o	odmission)
MON	TTCOMERV		MARYLA	AND	a. STATE B. COUNTY MONTGOERY					
b. CITY OR TOWN and give nearest too	Y OR TOWN It outside corporate limits, write RURAL C. LENGTH OF STAY IN 16			c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)					t tawn)	
RETHE	SDA		D-O-A		BETHESDA	151				
d. NAME OF HOSP	ITAL OR INSTITUTION (	If not in hosp	pital, give street address)		d. STREET ADDRES	SS			(	S RESIDENCE
	SUBURBAN				5400	) Faira	lon Lano		YES	ON D
3. NAME OF DECEASED (Type or prin))	Fin		Middle	DTO	Last ·	4. DATE OF DEATH	Man	th a m	Day	Year 19 50
5. SEX		hn HIII	DE NEVER MARRIED	RTS			9. AGE (In yours	LIEUNIDED IV	CAD IE II	NDER 24 HRS.
Male	White	WIDOWED	A.		9/23/06		lost birthday)	Months Do	ys Hou	
		done 10b. Ki	IND OF BUSINESS OR IN	DUSTR	11. BIRTHPLACE (S	tate or foreign	1 7/	1		AT COUNTRY?
during most of work	ing life, even if relired)		ce Bakerv		The sixth stee (s	Ohio		12. CITIZE	U.S.	
3. FATHER'S NAME	102				14. MOTHER'S MAIDE				0.0.	n
)	Tohn	Krisko			Unlen					
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16. S		17. INI	Unkn	LOWIT	Addres			
(Yes, no, or unknown)	(If yes, give wor or dotes of		7-1839-73	Toh	n Krisko	Ir.				
Conditions, if gave rise to imm (a), stating the cause last.  PART II. OI  20a. EXTERNAL C/PRIMARY ar CC	ediate cause underlying DUE TO (c).  THER SIGNIFICANT CONI	DITIONS <u>CO</u>	NTRIBUTING TO DEATH B					VEN IN PART 1	(a) 19. W/PEI	AS AUTOPSY RFORMED?
20c. TIME OF INJU	JRY Month, Day, Yea	While	Not while	PLACE	OF INJURY (Home, I	farm, 20f. (Cit	ty or town)	(Caunt)	y)	(State)
			k at work							
	FIANK	Couses &	emoins described of the second	Suici	de, Hamic  M.D. CHIEF MEDICA  ASSISTANT MEI  DEPUTY MEDIC  REMATORY	L EXAMINER DICAL EXAMINER AL EXAMINER 22d. LOCA	ER 🗍	ar county)	7-5	d find that
23. FUNERAL DIRECTO		7	ADDRESS	T (		EC'D BY REGIS		STRAR'S SIGN.		
Robert A	. Pumphre	y, Be	thesda, M	ary		ANG 1 9		with &		
			-		DAIL	EALL D		2.	- Charton	the same and the same and

VS. A15ME(5) 5M 9/55

HTARG TO THE		<b>34</b> . = 4	60
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Service Control of the Control of th			
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	ot scheeds.	r . dermants .	Roberton

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death. Page 4

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

VS A15 (4) 15M 10/57

9308 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

09263 Rea Dist No

						***************************************
1. PLACE OF DEATH 6. COUNTY Montgome		MARYLAN		(Where deceased lived.	. COUNTY	rtanburg
b. CITY OR TOWN RURAL and give	(If autside carporote limits, wrinearest town)		c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and	give nearest town)
Bethesda		41 days	Inman		7	7x-3
OR INSTITUTION		eel oddress) Bethesda 11, Md	d. STREET ADDRE	The second		e. IS RESIDENCE ON A FARM? YES NO ST
3. NAME OF DECEASED (Type or print)	First Elta	Middle Lois	Lancaster	4. DATE OF DEATH	Month August	Doy Yeor 25, 1959
5. SEX Female		ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	last		1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPAT during most of we Waitress	orking life, even it refired)	Ob. KIND OF BUSINESS OR IN Restaurant	DUSTRY 11. BIRTHPLACE (		12. CIT	S. A.
13. FATHER'S NAME			14. MOTHER'S MAID	DEN NAME		
	MHoward		Lou Su			
15. WAS DECEASED EN (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		The Clinical	edical Record	rd Address thesda 14.	Maryland
Conditions, if gove rise to couse (a), statinglying couse last Part II. O	the under-	elnie abel act of seretion reallistion - NS CONTRIBUTING TO DEATH	fer Caren	pelvie vena Ce ERMINAL DISEASE COND	erny DITION GIVEN IN PAR	3-4 who
■ LOR CONTRIBUTING	VAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCUP	RED. (Enter nature of injur	y in Part I ar Part II of it	em 16.)	YES NO
٠	JRY Month, Day, Year 20	d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, factory, street, affice bldg.	form, 20f. (City or town, etc.)	r) (C	County) (State)
actual SIGNATURE		auglein	M.D. The Cli	2_PM, from the	causes and an they or lown, slote)  tutes of He	last saw the deceased the date stated above DATE SIGNED 8-26-59 ealth
220. BURIAL, CREMATI Bur-Trans	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY Landrum Co	OR CREMATORY	22d. LOCATION (C	ity, lown, or county) burg. S.	(Stote) Carolina
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	240	DEC'D BY DECISTRAD	24b. REGISTRAR'S SIC	
Robert A	. Pumphrey	Bethesda, M.	aryland DATE	AUG 2 8 '59	Calling S.	trace

The second contract of the second ANTIPUTE LE A DON'TO ANTONIO LINGUISTO DE PRESENTA LA PROPERTO DE LA PROPERTO DEL PROPERTO DE LA PROPERTO DE LA PROPERTO DEL PROPERTO DE LA PROPERTO DEL PROPERTO DE LA PROPERTO DE LA PROPERTO DEL PROPERTO DE LA PROPERTO DE LA PROPERTO DE LA PROPERTO DE LA PROPERTO DEL PROPERTO DEL PROPERTO DE LA PROPERTO DE LA PROPERTO DE LA PROPERTO DE LA PROPERTO DEL PROPE o pell at the name of most MS 12 to the same white and but a 12 to Person Edward D. McLaughlin, H. D. met leaning to a company of the comp Robert A. Frampires, Designate, Mary Land Louis

may be retained by the hospital ar attending physician.

TO FUNERAL D. RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. er death. Page

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9309

CERTIFICATE OF DEATH

09264

					Reg. Dist. No.	
1.	PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE MARYLAN)	1 001111711		GOMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		RAL and give nea	orest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 8918 COLESVILL		/ d. STREET ADDRESS 8918 COLESVI	LLE ROAD		o. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Edith Est	elle L	- 10 - 10C 0	DATE AUG Month	9 00	y Yeor 1859
	SEX FE 6. COLOR OR RACE 7. MARR WIDOWE	D DIVORCED	8. DATE OF BIRTH 2/11/77		F UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
D	o. USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if refired)  CLERK — Post Office U		USTRY 11. BIRTHPLACE (Stote or for MARYLAND	eign country)	U.S.A	F WHAT COUNTR
3	STLAS WEIGHT DAVIS		14. MOTHER'S MAIDEN NAME ACHSAH L. GRO	DOMES		
5 Y			INFORMANT r. Eugene Lander:	Address, 8918 Coles		oad
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  4344 DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  (c)	argistal	Kear face	me)		SET AND DEATH
		ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVE	N IN PART 1(0) 1	9. WAS AUTOPSY PERFORMED? YES NO 4
CEKIL		RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port 1	or Port II of item 18.}		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN While p. m. 19 of work	Not while	PLACE OF INJURY (Home, form, coctory, street, office bldg., etc.)	f. (City or town)	(County)	(Stole)
	21. I certify that I attended the decease alive on 195	9, and that deal		fram the causes an Ess (Street, city or toyer, st		the stated above 8/9/57
7	PHYSICIAN'S JOHN A. A. H. C. BURIAL, CREMATION, 122b. DATE THEREOF	Mews	Silver	Spring	7/	ud (State)
	REMOVAL (Specify) 8/12/59		Meth. Cemetery		, Montgo	
3	WARNER E. PUMPHREY, INC.	SILVER SPR	ING. MD. 246. REC'D BY	-	RAR'S SIGNATUR	

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VS A15 (4) 15M 9/5B

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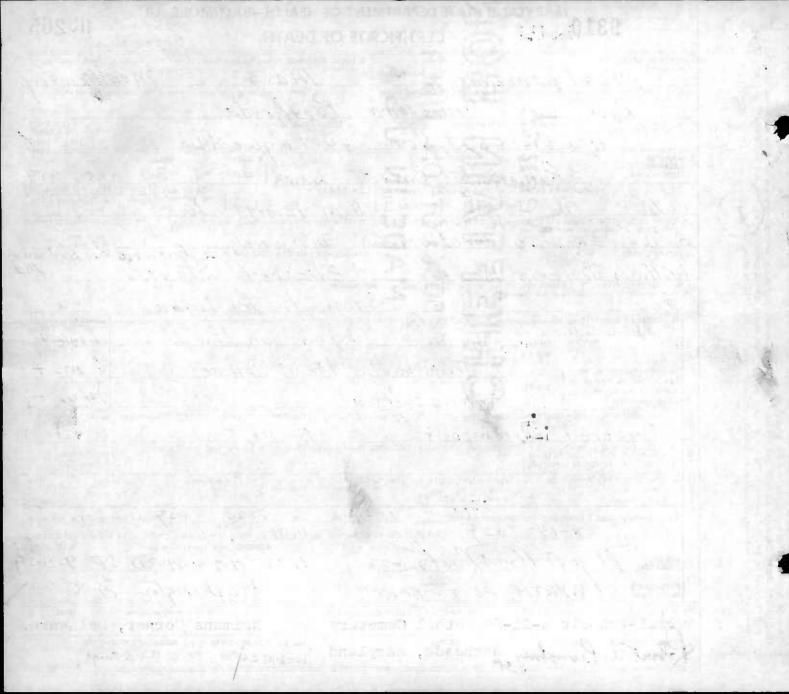
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9310

CERTIFICATE OF DEATH

09265

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
montgomery MARYLAND	Montgomery
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest flower	c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town)
Betherda gurs 10m	ax Bothorda
d. NAME OF HOSPITAL (If not in hospitat, give street oddgess)	, d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Alfa Vieta Rat Home	4407 Buwood La. YES NO DE
3. NAME OF First Middle	
DECEASED 11	Last / 4. DATE Month Day Year
(Type or print) Kutherford, Barr	ett LANK DEATH 8 20 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  lost birthdoy) Months Days Hours Min
MIDOWED DIVORCED	ALLA 12 1979 Right Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	7/1/2
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME 97/2 Parkward Dr. Rotherdo
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME 47/2 14/1 WOOD OY, BETTIESD OF
William Jeggeris Wank	Elizabeth STANTON Ma
15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of service)	INFORMANT Address
none.	Samuel The Look
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	organicy a 11011 TWICT.
420.0 DUE TO X +	L 11 L 7
Conditions, if ony, which) (b) HY/PYIOSC/ero	Tie Iteart Disease 6 mo +
gove rise to immediate couse (a), stating the under	
lying couse lost. (c) AY Perio Scle	rasis 144r +.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  CONTRIBUTING OF CONTRIBUTIONS OF CONTRIB	12 41 PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
Hour o. m.  p. m.  19  While Not while of work of work	rociory, sireer, office plag., erc.)
	749, 19 to 8.20 19-5 that I last saw the deceased
alive an	th accurred at 11.55PM, fram the causes and an the date stated above.
In my my	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE / Ur / Syl January	MD. 1635 HARVARD ST. 8-21-59
PHYSICIAN'S NAME (Type) WYRTH POST BAIC	ER Nashinglon D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Buttal Transit 8-21-59 Bethel Cen	
23 FUNERAL DIRECTOR'S SIGNATURE Bethesda, Mar	ryland 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Lover a fumphrey Bellesda, Mai	DATE AUG 2 4 '59 Cirling & France



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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09266

		CERTIFIC	AIE OF DEAIL		Reg. Dist	l. No.	19 0
1. PLACE OF DEATH o. COUNTY Mo	ontgomery	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNT			ission)
b. CITY OR TOWN (I	If outside corporate fimits, write	c. LENGTH OF STAY IN 16	-	outside corporote limits, write	RURAL and gi	ive nearest to	lwn)
RURAL ond give no Bethesda	eorest town)	5 days	McLean			83X	. 3
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stree		d. STREET ADDRESS			e. IS R	ESIDENCE
	cal Center, Bet	hesda 14, Md.	5813 Melbo	urne Drive			A FARM?
3. NAME OF DECEASED	First	Middle	Lost	4. DATE M	onth	Doy	Yeor
(Type or print)	Sandra	Kay	Lawson	OF DEATH Aug	ust	28	19 59
S. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1	YEAR IF UN	
Female	White wibov	VED DIVORCED	January 6, 19	54   lost birthday)		Doys Hour	rs Min.
00. USUAL OCCUPATIO	ON (Give kind of work done 10tking life, even if retired)	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITI	ZEN OF WH	AT COUNTRY
1	nild)	None	Virginia		3	U. S.	. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN		C		
Adrian La	awson		Natalie	Aylestock			
S. WAS DECEASED EVE		SOCIAL SECURITY NO. 17.	INFORMANT The Med	ical Record Ad	Idress		
No	in yes, give wor or cones or service)	None T	he Clinical C	enter, Bethes	da 14,	Maryl	and
IB. CAUSE OF DEA	ATH [Enter only one couse per	line for (o), (b), and (c).]				INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY: Car	diac arrest in	postoperative	e period (sur	gical	ONSETAN	hours
754	DIE TO COT	rection of Tet	ralogy of Fal	let.)			
Conditions, if or		tralogy of Fal				2	******
gove rise to in	mmediale	orarogy or rar	100			2	years
lying couse lost.							
	(c)	CONTRIBUTING TO DEATH BUT	I NOT BELATED TO THE TERM	NAME OF THE PROPERTY OF THE PR	IVENT INT DARK	1/-1/20 14/4	S AUTORCY
7 7 11 017	TER STORM CART CONDITIONS	CONTRIBUTION TO DEATH BO	I NOT KEENTED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PAKI	PER	EORMED?
200 ACCIDENT WA	S LINDERLYING TO 206 DE	SCRIBE HOW INJURY OCCURRE	CD (feater entires of injury in	Part I as Part II of item 19.1		YES	ио 🗌
PART II. OTH	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCHIEL HOW HAJORI OCCORRE	D. (Chief holore of injury in	rorr i or rorr ii or nem ig.,			
		INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form	201 15:			
20c. TIME OF INJUR Hour o. m.	While	Not while fo	ictory, street, office bldg., etc	.)	(Co	ounty)	(Stote)
		ork at work					
21. I certify th	at I attended the decea			gust 28 , 19 5	2,that I lo	ast saw th	e deceased
alive an_AU	gust 28 , 19	59, and that death	occurred at 9:40.	A.M. fram the causes	and an the	e date sta	ted abave
	001	, , , , , -		ADDRESS (Street, city or town			DATE SIGNED
ACTUAL SIGNATURE	( Morkent	meh h. D.	M.D. The Clin	ical Center		8-2	28-59
		1	National	Institutes o	f Heal	th	
PHYSICIAN'S NAME (Type)	Edwin C. Brock	enbrough, M. D	· Bethesda	14, Maryland			
	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town,			ote)
REMOVAL (Specify) Burial	8/31/59	National M				Virai	
3. PUNERAL DIRECTOR		ADDRESS 2007			GISTRAR'S SIGN	9	,,,,,
Anzinata.	En and I II	jax,	Tribe		arthur &		
Arlington	Funeral Hom	6 4 7	DATE				

TO HOSPITAL OR may be retaine TO FUNERAL DIP VS A1S (4) 1SM 10/57

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9312

**CERTIFICATE OF DEATH** 

09267

Reg. Dist. No

1. PLACE OF DEATH 6. COUNTY Montgome	ery		MARYLAN	ND	2. USUAL RESIDENCE (Who o. STATE Alabama:	ere deceased	d lived. If instit b. COUN		Residence	ce before odr	mission)
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside corpo	rate limits, write	RUR	AL ond g	give nearest to	own)
Bethesda	2		19 days		Birmingham	1	40	X-	3		
OR INSTITUTION		7			d. STREET ADDRESS			1	1		RESIDENCE
The Clir	nical Center	r, Be	thesda ll., M	d.	Robinwood	Stati	on				□ NO 📆
3. NAME OF DECEASED (Type or print)	Fir		(none)		Lavton	4. DATE OF DEATH		lonth	st	Day 8.	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In year	rs IF			NDER 24 HRS.
Male	White	WIDOW			July 14, 189	0	lost birthdoy	rs. A	Aonths	Doys Hou	rs Min.
10a. USUAL OCCUPAT during most of wo Gold Dis	orking life, even it refired	done 10b.	KIND OF BUSINESS OR IF	NDUS	TRY 11. BIRTHPLACE (Stote Alabama		ountry)			S. A	AT COUNTR
13. FATHER'S NAME		3,000			14. MOTHER'S MAIDEN N	IAME			-		
John Lay	yton		Part College		Mollie G						
	/ER IN U. S. ARMED FOR				FORMANT The Med						
No		Į	Inavailable	Th	e Clinical Ce	inter,	Bethes	da	14,	Maryla	and
Conditions, if gove rise to couse (a), stoting lying couse last	ony, which (bimmediate put to	Blas	theal obstruction of lar	8	ktin					5 h	ND DEATH DUTS
PARY II. O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMI	NAL DISEASI	E CONDITION C	GIVEN	IN PART	1(a) 19. WA	S AUTOPSY
3 General:	ized arterio	oscle	resis: Osteo	ar	thritis of sp	ine					REFORMED?
29a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)				). (Enter noture of injury in F		II of item 18.)	E			
20c. TIME OF INJU Hour o. m. p. m.	10	While		e. PLA fac	CE OF INJURY (Home, form, tory, street, office bldg., etc.	, 20f. (City	or town)		(C	ounty)	(Stale)
alive an_AU		An	duole	eath	accurred of 8:10  The Clinic The Nation Bethesda 1	AM, from ADDRESS (SI cal Cer	n the causes reet, city or tow nter stitute	and n, sto	d on th	ne date st	ne decease ated abov DATE SIGNE 9—59
REMOVAL (Specify	1181 8/11	159	Ze. NAME OF CEMETER Jefferson			22d. LOCAT	ION (City, town				itote) N&
23. FUNERAL DIRECTOR	rs Pumphrey	755	ADDRECC			D BY REGIST	RAR 24b. RE	GISTR	AR'S SIG	Haus .	*****

		ST SHOWITHE		国际政治证明 2018 位		
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THE RESERVE OF THE PROPERTY OF	Valle Front . J	THE STREET STREET	Mark of the later			
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	MIRCY DA					
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A THE COURT OF THE PARTY OF THE						
				EVA (PERLY)		

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09268

O. Tit	9313.		CERTIFIC	ATE OF DEA	ATH	6	Reg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY  Montgomer	y		MARYLAND	Marylan	d	b. COUNTY	imore		
	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porote limits, write R	URAL ond give	nearest town	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,		hesda 11. Md.	d. STREET ADDRE	SS	Pand			FARM?
3. NAME OF DECEASED (Type or print)	Fi	rst	Middle	Lost	4. DATE OF DEAT	Mon			Year
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YE Months Day	AR IF UND	19 <b>59</b> ER 24 HRS. Min.
during most of wor	White ON (Give kind af work king life, even if refired	done 10b.	KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (	1953 Stote or foreign	country)	12. CITIZEN	N OF WHAT	COUNTR
Child  3. FATHER'S NAM  Wartin	Leyko		None	14. MOTHER'S MAIN		- Muszy		.S.A.	
15. WAS DECEASED EVE		CES? 16.		he Clinical	Medical	Record Add	ress	arvlan	d
PART I. DEA  204,3  Canditions, if o gove rise to i cause (a), stoting	ATH WAS CAUSED BY: IMMEDIATE CAUSE (company, which ammediate Cause Company)	O Ac	pper GI bleed	c leukemia			1	ess the mon	han • ths
PART II. OT	HER SIGNIFICANT CON	-1	abdural hemat		TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o	PERFO	
THER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injur	ry in Part 1 or Pa	ort II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d, IN While of work	_ Not while _	PLACE OF INJURY (Hame, foctory, street, office bldg	form, 20f. (Ci ., etc.)	ty or town)	(Coun	ly)	(State)
	gust 10	195	Trier	th occurred ol2:	ADDRESS (	Street, city or town,	ind an the (	date state	decease ed above ATE SIGNE 0/59
NAME (Type)  220 BURIAL CREMATIC BENDYAL (Specify)		OF .	22c. NAME OF CEMETERY St. Stanisl		22d. LOC.	aryland ATION (City, town, o		(Stote	e)
23. FUNERAL DIRECTOR		dlev	ADDRESS Dunds	240.	REC'D BY REGIS	STRAR 24b. REGIS	STRAR'S SIGNA	TURE	

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ADDRESS

FUNERAL DIRECTOR'S SIGNATURE

09269

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Yeor OF DEATH 1950 IF UNDER 1 YEAR IF UNDER 24 MRS 9. AGE (In years last birthday) Months Doys Hours yrs. 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Colleges INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO NO 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stote) 1959 that I last saw the deceased and that death accurred at 5-25 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d tOCATION (City, town, or county) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9315

#### CERTIFICATE OF DEATH

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			O E ICTITIO	AIL OI DE		R	Reg. Dist. No	0.
1. PLACE OF DEATH a. COUNTY Montgome	ery		MARYLAND	2. USUAL RESIDENCE o. STATE	CE (Where deceased	d lived. If institution: b. COUNTY	Residence bef	fore admission)
RURAL and give		its, write	c. LENGTH OF STAY IN 16			Columbia	AL and give n	eorest town)
OR INSTITUTIO	PITAL (If not in hospital,		ddress)  hesda 14, Md.	d. STREET ADDR	ESS	columbia eet, N. E.		e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	Fi	rst	Middle Hall	Lost	4. DATE	Month	D	YES NO P
(Type or print) S. SEX		mas	IED NEVER MARRIED	B. DATE OF BIRTH	DEATH	9. AGE (In years IF		19 59 IF UNDER 24 HRS.
Male	White	WIDOW		November 1	13. 1903	1 1 1 1 1 1 1	Months Days	
during most of w	arking life, even it retired	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE		ountry)		OF WHAT COUNTR
13. FATHER'S NAME				14. MOTHER'S MAI		STETELL	·	
Bernard	F. Locraft			Marie	DeLacy			
15. WAS DECEASED E (Yes, no. or unknown) No	VER IN U. S. ARMED FOI	ervice)		INFORMANT The The Clinics		Record Address		arvland
Conditions, if gave rise to cause (a), statis lying cause las	immediate DUE TO	)	ciculum Cell S					
CAT CAT	OTHER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE	E CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	WAS UNDERLYING D NG D CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inju	ury in Part t ar Part	tl of item 18.)		
20c. TIME OF INJ Hour o. n p. n	10	or 20d. It While at warl	Not while fe	LACE OF INJURY (Hama actory, street, affice bld		ar tawn)	(County	r) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		Mech	e chame	M.D. TI	ADDRESS (SINCE Clinic ational I athesda 1	n the couses one reet, city or town, sto al Center nstitutes l <sub>1</sub> , Marylar	of Hea	9-1-5
220. BURIAL, CREMAN REMOVAL (Speci	Te Sept. 4	1-/59	22c. NAME OF CEMETERY C	x bent	to	TON (City, town, or	. 104	(State)
7. 7. COS	etello 1	722	· Notes		TE SEP 3 5	RAR 246. REGISTR	lug & th	JRE

Thed in by the funeral director, iges and 2 should be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Pages D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplex page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. the haspital ar attending physician TO HOSPITAL OF TO FUNERAL DIR may be retaine

VS A15 (4) 15M 10/57

the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

death. Page 4

CONTRACTOR STATE DEPARTMENT OF HEALTH-DISCRIMINATED STATE OF A STA The Administration of the Committee of t The state of the s The state of the s a mile of the property of the late of the dies sange a fewer a tree that and the second with the second second of the second second second second second second second second second se The second se the same of a control control described. 

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VS A1S (4) 1SM 9/SB

#### 9316 ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	MONTGOME	RY.	MARYLAND	a. STATE	DENCE (W		lived. If institution b. COUNTY		GOMER	
RURAL and give no	f outside corporate limi earest town) ER SPRING	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR		outside corpo	rate limits, write R	URAL and	give neare:	st town)
	TAL (If not in hospital, g			d. STREET	ADDRESS	FLORA				IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir	SARET	Middle	LORD	st	4. DATE OF DEATH	Mon AUG.		Day 24	Year 19 59
s. sex FEMALE			IED NEVER MARRIED	B. DATE OF BIRT 1/7/7			9. AGE (In years lost birthdoy) 82 yrs.		_	UNDER 24 HRS. Haurs Min.
	king life, even if retired		OWN HOME	WA 14. MOTHER'S	SHING	STON, I			S.A.	VHAT COUNTRY?
1S. WAS DECEASED EVE				INFORMANT			Add 1, 1511 F	lora		Maryland
Conditions, if a gove rise ta i couse (a), storing lying cause lost.  PART II. OTH	mmediate DUE TO the under (continue to the un	DITIONS	Hyposto erebral enerale ontributing to death bu					YEN IN PAR	2 abo	WAS AUTOPSY PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Ye		NJURY OCCURRED 20e. Pi	ACE OF INJURY	Home, farr	n, 20f. (City		(1	County)	(Stote)
21. I certify the alive an Actual SIGNATURE	at 1 attended the G 212 Report K. C	decease , 19 E	ed from June 9, and that death	, 19 <b>5</b> 4 n accurred at				d on the		the deceased stated above. DATE SIGNED
22a. BURIAL, CREMATIC REMOVAL (Specify)		)F	22c. NAME OF CEMETERY C				ION (City, town,		.C.	(State)
23. FUNERAL DIRECTOR	S SIGNATURE PUMPHREY	INC.	ADDRESS SILVER SPR			D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATURE	

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VS A15 (4) 15M 10/57

	3	011		CERT	IFIC	ATE OF DEAT	Н		Reg. Dis	t. No.	9272
P.	county lontgomer				YLAND	2. USUAL RESIDENCE (V o. STATE Pennsylva	nia	b. COUNTY	all	cho	nu /
	RURAL and give n	f outside corporate limi earest tawn)	ts, write c.	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (II		orate limits, write I	RURAL and g	ive neare	st town)
d.	NAME OF HOSPI	AL (If not in hospital, g	rive street add	50 days		d. STREET ADDRESS	(II		15 X-		IS RESIDENCE
_	or institution the Clini	cal Center	Beth	esda 14,	Md.	119 Marlt	oro Ro	ad			ON A FARM?
DE	CEASED pe or print)	Dian:		Midd Loui		Loresch	4. DATE OF DEATH	Moi Au	gu <b>st</b>	Doy 19.	Year 19 55
SEX	(	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RIED 🔣	8. DATE OF BIRTH		9. AGE (In years lost bighday)	IF UNDER	1 YEAR IF	UNDER 24 HR
_	emale	White	WIDOWED	_		July 6, 19		LO yrs.	Months	Days 1	Hours Min.
a	USUAL OCCUPATION IN THE STATE OF WORLD TO STATE OF WORLD TO STATE OF WORLD TO STATE OF THE STATE	ON (Give kind of work king life, even if retired		one	OR INDU	STRY 11. BIRTHPLACE (Store		country)		S.	A.
_	Harry W.	Loresch				14. MOTHER'S MAIDEN Martha (	Salar State of the	erson			
(Yer, no	AS DECEASED EVE	R IN U. S. ARMED FOR Ill yes, give wor or dates of s	ervice)	CIAL SECURITY N		NFORMANT The Mente Clinical (				Marv	land
18		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o				nal Hemorrha	ge .			ONSET	AL BETWEEN AND DEATH
	Conditions, if o gove rise to i couse (a), stating	mmediate (	A	cute Lym	phob	lastic Leuker	nia			11	months
FICATION	PART II. OTI	) (c	DITIONS CON			NOT RELATED TO THE TERI			VEN IN PART		WAS AUTOPS PERFORMED? ES P NO
ox O	IR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	TOO. DESCRIP	SE THO W INSORT	OCCORRE	D. (Einer noiting or inforty in	r run t or rur	i ii or nem 16.j			
MEDICAL	Hour a.m.	Y Manth, Day, Yes	While of work	Not while	20e. PL	ACE OF INJURY (Home, fai ctory, street, affice bldg., e	m, 20f. (City	y or town)	(C	ounty)	(State
a Si	1. I certify the live on AUE	at I attended the nest 19 Jerry S. T	1259 Drie	, and the		n occurred at 7:30  The Clining The Nation Bethesda	PM, from	m the causes of the courses of the courses of the course o	and an th	e date	DATE SIG
22o. R	URIAL, CREMATIC	N, 22b. DATE THEREC	F 2	2c. NAME OF CE	AETERY O	P CREMATORY	22d. LOCA	TION (City, town,	or county)		(State)
Bur	EMOVAL (Specify) -Trans NERAL DIRECTOR		9	Aleghe	-	Cemetery		tsburg			vania

Cothur S. Huga

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9318

#### CEPTIFICATE OF DEATH

09273

	CERTIFICA	AIL OI DLAIII	Reg. Dis	st. No.
1. PLACE OF DEATH  o. COUNTY  AnnHyone V	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	ce before admission)
b. CITY OR TOWN (If outside corpora RURAL and give nearest town)		c. CITY OR TOWN (If outside cor	porate limits, write RURAL and a	give nearest town)
d. NAME OF HOSPITAL (If not in hasp OR INSTITUTION	ital, give street address)	d. STREET ADDRESS	of Place	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ERNEST Middle	Lost 4. DATE OF DEAT		Day Yeor 3 19 3
5. SEX  6. CÓLOR OR	RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) Manths yrs.	1 YEAR IF UNDER 24 HI Days Hours Min
10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	work done 10b. KIND OF BUSINESS OR INDU	ISTEM 11. BIRTHPLACE (State or foreign	country) 12. CITI	ZEN OF WHAT COUNTE
13. FATHER'S NAME	Lauina	14. MOTHER'S MAJDEN NAME	VIRGIA GRIN	ŒS
15. WAS DECEASED EVER IN U. S. ARME (Yes, no, or unknown) (If yes, give war or de		INFORMANT	Address	
1B. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSEI IMMEDIATE CA	one couse per line for (o), (b), and (c).]	es oberna		INTERVAL BETWEEN
1/200	UE TO alule Carl	vary the	enlono	1/21.
lying cause lost.	UE TO Commany - fler	ype tenned	head deser	24 y
5 Essent	CONDITIONS CONTRIBUTING TO DEATH BY	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART	T 1(0) 19. WAS AUTOP: PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM)	EATH NER) 206. DESCRIBE HOWN DURY OCCURRE	ED. (Enter nature of injury in Part I or F	ort II of item 1B.)	
20c. TIME OF INJURY Month, Day Hour o. m. p. m.		LACE OF INJURY (Hame, farm, 20f. (Coctory, street, office bldg., etc.)	City or town) (C	County) (Sta
21. I certify that lattended		occurred of 10 P.M. from	m the causes and on the	st saw the decease
ACTUAL SIGNATURE	e IJ Halsle		(Street, city or town, stote)	DATE SIGN
PHYSICIAN'S BETH	ard WATS	sh nash.	&.C.	
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 9/2/		t'l. Cemetery Pri	nce Geo. Count	y, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE WARNER E PUMPHRE	Y INC. SILVER SPRIN	NG, MD. 24a. REC'D BY REG		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campterery filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL Q

VS A15 (4) 15M 9/5B

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### 9319

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

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Reg. Dist. No.													
	PLACE OF DEATH o. COUNTY	IONTGOME	24	MARYLAN	[1	USUAL RESIDENCE O. STATE	E (WH	nere deceosed	l lived. If institu b. COUNT		idence befo	ore admiss	ion)
	Be the sda	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN				RURAL C	ond give ne	arest town	1)
	OR INSTITUTION	TAL (If not in hospital, gurban	ive street	address)		d. STREET ADDRE	ESS	da St.		<u> </u>		ON A	SIDENCE FARM?
3.	NAME OF DECEASED	Fir		Middle		Lost		4. DATE OF		onth	De		Year
	(Type or print)	Louise		Н.		Lytzen		DEATH	Au	3.	20		1959
_	emale	6. COLOR OR RACE White	7. MARR	NED NEVER MARRIED   ED DIVORCED		9/20/87			9. AGE (In year lost birthday)		ths Days	Hours	ER 24 HRS Min.
100	during most of wor	ON (Give kind of work of king life, even if retired EWLIE	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE Ter		or foreign co	ountry)	12.	USA	OF WHAT	COUNTR
13.	FATHER'S NAME	D.			1	4. MOTHER'S MAI		NAME					-
		am Horgan				1. dt/	Khi	popul			ENEY	*	D 0
	NO OF UNKNOWN)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	NONE	WAL		LY'	TZEN,		dress QUES	WASI SABA		
	1400	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o). (b). ond (c).] Acute Hepation	c Ne	crosis					ION	ERVAL BE	DEATH
	5 5 X Conditions, if a	DUE TO	(	Cholangitis							1	weel	ς
	gove rise to i coese (o), stating lying cause lost.												
CERTIFICATION	PART II. OT			contributing to DEATH	BUT NO	T RELATED TO THE	TERMI	INAL DISEASE	CONDITION G	IVEN IN	PART 1(o)		AUTOPSY AMED?
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	URRED. (I	Enter noture of inju	ry in I	Port I or Port	II of item IB.)				
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Yes	ar 20d. It While at wor	_ Not-while	e. PLACE factory	OF INJURY (Home	e, farm g., etc	.) 20f. (City	or town)		(County)	-01	(State)
		nat I attended the	deceas	rls.		. 1947, to	A	-	20 , 195	•			
2	ACTUAL SIGNATURE	& away	7-1	210 AA	edin oc	201	1	ADDRESS (SH	reet, city or town	and a (, stote)	n the do	F/7	ATE SIGNE
	PHYSICIAN'S NAME (Type)	Tewa	1	Clapp	m.o	(1)	as	10	- D.C				-1-3-1
220	BURIAL, CREMATIC REMOVAL (Specify			MT. OLIVI				22d. LOCAT	INGTON	or coun	. C.	(Stat	e)
23.	FUNERAL DIRECTOR	SIGNATURE 1	2,80	ADDRESS Wash	, D.	C . 240	REC'	D BY REGIST	1.0		S SIGNATU		

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IT OF HEALTH-BALTIMORE, 18	IGIMTEA TEOTER AT A CORE YOR AT
E OR DEATH	MAJERIA CERTIFICAN
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09275

Pen	Dist	No	

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
o. COUNTY Mortgomery MARYLAND	o. STATE Med b. COUNTY mate
b. CITY OR TOWN (If office corporate limits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kvehvelle 3-gr	26 Rockville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
5733 Cransond Dr	5733 Crawfred In YES NO 1
3. NAME OF DECEASED First Of Middle Middle (Type or print)	Last 4. DATE Manth Day Year OF DEATH 2 2 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	area and I "34
male 1.4 + WIDOWED   DIVORCED	9-12-1912 History Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	
during most of working life, even If retired)	Do mec
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
City & y madely	un known
15. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or usknown) (If yes, give wer or delete of service)	NFORMANT Address
[10, no, or damown] [17 yes, give wor or doles of service] 5 78-28-1042/m	v Eugen Jackson Them 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coron any	realises I good deal
420,1 DUE TO	
Conditions, if any, which) (b)	
gave rise to immediate cause (a), stating the underlying DUE TO	
cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	FOR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (E) PRIMARY OF CONTRIBUTING OCCURRED.	nter nature of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE foctor of the p. m. 19 at work at work	pry, street, office bldg., etc.)
21. I certify that I taak charge of the remains described aba	ve, held an Autapsy 🔲, Inspection 🗷, Inquiry 🔣, and find that
	cide , Hamicide , Undetermined cause .
SIGNATURE TRANS STORE FOR	_M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S FLARK J. BLOSCH LAT	ASSISTANT MEDICAL EXAMINER # 8-27-17
22G. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 9/1/59 Glenwood	Washington, D.C.
23. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler - 1331 E. Montgomer	y Ave. AUG 3 1 '59 Cathur & H. CA
Tyson wheeler - 1331 E. Montgomer Rockville Maryl	y Ave. DATE AUG 31 '59 arthur & Kroas

		A PERSON	
		car Indiator A. C	
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	JUNU		CERTIFIC	AIE OF L	EAIF	1		Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY MON'	TGOMERY		MARYLAND		DENCE (WH		lived. If instituti b. COUNTY		e before		
b. CITY OR TOWN (	(If outside corporate lime town) VER SPRING	its, write	Since July 1955	1		outside corpore SPRIN	ote limits, write R	URAL ond g	ive near	est town	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, q 8720 Coles			d. STREET A		Colesvi	lle Roa	d	e.	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fii WIL	rst LIAM	Middle M	ARLOWE, S		4. DATE OF DEATH	AUG		Day		Yeor 1959
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE	DIVORCED DIVORCED	8. DATE OF BIRTH 2/20/96	1	5	P. AGE (In years lost birthdoy)  63 yrs.	Months Months	_	F UNDE Hours	Min.
during most of wor	ON (Give kind of work rking life, even if retired self-employ	3)	ind of Business OR Indu			or foreign cou			S.		COUNTR
13. FATHER'S NAME THOMAS R.	MARLOWE		at File	14. MOTHER'S FLORE		unknov	wn				
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s	service)		informant s. Susant	a M.	Marlow		Coles			
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, 04	for (0), (b), and (c).]	nary	Oce	lus	ion	er Spr	ONSE	T AND	DEATH
Conditions, if a	immediate DIE TO	, ar	terioscl	erotic	Hear	to	iseas	e	15	·ye	m
lying couse lost.	the <u>under-</u>	c)	ONTRIBUTING TO DEATH BU	T NOT PELATED TO	THE TERMI	NAI DISEASE	CONDITION GIV	/FNI INI PART	1/0) 19	WAS	ALITOPS'
ICATIC					210		175			PERFO YES [	RMED?
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in I	Port I or Port	II of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	While	URY OCCURRED 20e. P Not while of work	LACE OF INJURY (I octory, street, office	Home, farm bldg., etc.	, 20f. (City	or town)	(C	ounty)		(Stote
21. I certify the	hat I attended the	deceased, 195	d fram 3 / / 9 , and that deat	7	130 p			d an the			
ACTUAL SIGNATURE	Pussell	B.	arnole	Lo 880	1 Co	esvi	alle Re	stote)	8/	6/	59
PHYSICIAN'S NAME (Type)	ussell	B	Arnold M	D. Silv	er	Spri	ngil	nd			No. 100 to 100 to 100 to
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL	8/10/59		22c. NAME OF CEMETERY COLESVILLE C	OR CREMATORY EMETERY			ON (Chy, lown,		ERY	(Stote	
23 EUNERAL DIRECTOR	PUMPHREY.	INC.	ADDRESS SILVER SPRI	NG MD	24a. REC'	D BY REGISTR		STRAR'S SIG		-	

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death. Page

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9321

Pa.Ave., SE

DATE

CERTIFICATE OF DEATH

Reg. Dist. No.

ontgomery

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

5 Trulo

PERFORMED? YES NO

(State)

(State)

12. CITIZEN OF WHAT COUNTRY?

Doys

USA

(County)

Months

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) ghboint ears Bethesda, High Point d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION Mass. Avenue, NW-ext. Mass. Avenue ond = NAME OF 4. DATE Middle Last Month DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) WIDOWED 🔀 Nov.19 Female DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Leonardtown, Maryland Housewile puo carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Alice Herbert IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address No none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOCK **DUE TO** Arteriosclerotic permit. Canditions, if any, which oronary gave rise to immediate **DUE TO** cause (a), stating the underlying cause fast. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE/HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED Hour a. fi. factory, street, office bldg., etc.) While Not while p. m. at work at work 21. I certify that I attended the deceased from 192 that I last saw the deceased , and that death accurred at 130 A'M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL should ā PHYSICIAN'S TO FUNERAL NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) aBod REMOVAL (Specify) Mt. Olivet Washington . D. C. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

T.Ryan.Inc

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e. IS RESIDENCE ON A FARM?

YES NO

Year

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VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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r death. Page 4

may be relaid by the hospital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Explice funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. may be retail

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VS A1S (4) 15M 9/55

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1. PLACE OF DEATH					2. U	SUAL RESIDENC	E (Wh	ere deceased			dence befo	are admiss	ion)
	tgomery			MARYLAND	ll °	. STATE Ma	rv	land	b. COUN	Mon Mon	tgo	mery	
	If outside corporate limi	its, write	c. LENC	OTH OF STAY IN 16		CITY OR TOWN	N (If a	utside corpor	ate limits, writ				
Rural* W			v	ears	X	Rura	1-	Woo	dfield	3			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street			1	d. STREET ADDRE	ESS					e. IS RES	IDENCE FARM?
and territoria con	aithersbu	rg			1	RFD	G	aithe	rsburg	ζ			NO DE
3. NAME OF DECEASED	Fir	rat		Middle		Lost		4. DATE	,	Aanth	D	ay	Year
(Type ar print)	Cora	Idel	la	Burdett	е	Mather	g	DEATH	At	gust	, 2		19 59
5. SEX	6. COLOR OR RACE	7. MARR	HED (X)	NEVER MARRIED	8. DA	TE OF BIRTH	1		9. AGE (In yes		_	R IF UND	
Female	White	WIDOW	D 🔲	DIVORCED [	M	arch 1	1.1	878	0=	Y) Month	Days	Haurs	Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF	BUSINESS OR INDU	STRY	11. BIRTHPLACE	(State	or fareign co	untry)	12	CITIZEN (	OF WHAT	COUNTRY
Housewi			Owr	home		Woods	fie	eld. N	Md.		USA		
13. FATHER'S NAME					14.	MOTHER'S MAN							
Singlet	on King					Mary	R.	E. Bu	irdett	е			
15. WAS DECEASEDEVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL	SECURITY NO 17.	INFOR	WANT	1			ddress			
No		21	2 - 8	N	irs	Lucy I	VI.	Braur	n. Gai	ther	sbur	g. I	Id.
18. CAUSE OF DE	ATH [Enter only one co	ouse peglin	ne far (a)	1 (b), and (c).)		11					INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	1 6	ens	hal no	22	-anne	01	,			107	SET AND	DEATH
422.1	DUE TO			1 4		0-	1	1	1				0
Conditions, if a	ny, which )	Mil	eria	acharlic	CI	er Luma	100	unlar.	dise	-122	1/	0 W	LWV.
gave rise to i											-	-	
lying cause last.	(0	)										(	
Z PART II. OT	HER SIGNIFICANT CON	IDITIONS C	ONTRIBU	JTING TO DEATH BUT	TONT	RELATED TO THE	TERMI	NAL DISEASE	CONDITION	GIVEN IN P	ART 1(a)	PERFO	AUTOPSY RMED?
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HO	OW INJURY OCCURRE	ED. (En	ler nature af inju	ry in f	Part I ar Part	11 of item 18.)				
3 20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. It	VJURY O	CCURRED 20e. PI	LACE C	F INJURY (Home	, farm	, 20f. (City	or tawn)		(County)	)	(State)
20c. TIME OF INJUI Haur a. m. p. m.	19	While at worl	Na Na	t while fo	ictory,	street, affice bldg	g., etc.	)					
	nat I attended the			- V IN		. 19.4.6. to	de	iguest	7 10/	50		1	
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dilas dil		1/2		and that death	n occ	urrea at			the coase		the do		ed above
ACTUAL	no-0 (1.	Ke	M		M.D.	hla	n-	apri	10 10	nd'		71	4/59
PHYSICIAN'S NAME (Type)	James P.	Ker	r, I	M.D.									
220. BURIAL, CREMATIC	ON, 22b. DATE THEREC	)F	22c. N	AME OF CEMETERY C	OR CRE	MATORY		22d. LOCAT	ION (City, tow	n, ar caunty	r)	(Stat	•)
Burial Specify		1959		Wesley G	ro	ve		Woo	dfiel	d. Mo	1		
23. FUNERAL DIRECTOR	'S SIGNATURE	uno to	to AD	Demograp	,		REC'I	D BY REGISTI	RAR 24b. RE	GISTRAR'S		JRE	
Crem o	x. rojous	venv		Damascus	3 7	Id . DAT	E A	UG 6 "	59	arthur	8. th	aud	

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# funeral director, nauld be filed with .TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offier death: Page 4 TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires fnot the again continuous of the hospital or ottending physician. TO FUNERAL DIACTOR: After this certificate has been signed by the attending physician and campletely filled in Stage 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event-within 72 hours after death.

VS A15 (4) 15M 9/55

9323 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09279 Reg. Dist. No.

	1. PLACE OF DEATH 2. 1	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY MONTGOMER V MARYLAND	b. COUNTY NO NT GOHERV
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town):	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	SILVER SPRING	6 SILVER SPRING
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION 810 GA, AVE,	9810 GA. AVE - ON A FARM?
1	3. NAME OF First Middle	Lost 4. DATE / Month Day Year
	(Type or print) LNEZ	AVHEW DEATH AUGUST 13 1959
-1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.9	ATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
-	FEMALE WHITE WIDOWED DIVORCED JE	(14 ), 100 ) / yrs.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BINTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
	Kel Housewage	Wash, Dici ais,
	13, FATHER'S NAME	MOTHER'S MAIDEN NAME
1	Willen alle	Unn alesterno
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	MANT Address
	un	ne. F. Duyz = 2220 / and / 1. Wash. L
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARY	HRAM ROSIS
	11 20./ DUE TO	
1	Conditions, if any, which ) the ESSENTIAL	HUPERTENSIONS
	gave rise to immediate DUSTO	1 4 6 6 11 6 14 5 6 11 14
1	lying cause last.	ARTERIASC LEROSIS
		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PERFORMED? YES NO P
	200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRED. (En	ter nature of injury in Part 1 or Part II of item 18.)
	OR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE C	OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. ji.  p. m. 19 While Not while factory, of work of work of work	street, office bldg., etc.)
		, 1954, ta + 16- 13, 195, that I last saw the deceased
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ч	dive diagram and that dealif acc	curred at ///A AM, fram the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
	ACTUAL / How Pur Lowden	5206 Marinay Do 8/13/10
	SIGNATURE M.D.	9 406 100 2000 1 10 1
1	PHYSICIAN'S NAME (Type)	Chery Chart chied
	220. BURIAL, CREMATION; 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE	MATORY 22d. LOCATION (City, tawn, or county) (State)
	Burnet 8-17-39 Ceri Gress	unsiller al ash, D. Co
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	11 W= xells . Wash. D.	C DATE AUG 17 '59 Cathun & House

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	icate hos been signed by the attending physicion and campletely filled in by the fune	icate hos been signed by the attending physicion and campletely filled in by the funer he burial-transit permit. Then pleose remave carbon papers. Poges 1 and 2 should to

TO HOSPITAL OF TENDING PHYSICIA may be retained of the hospital ar after TO FUNERAL DIRECTOR: After this certific page 3 should be detached for use as the registrar priar to burial, crematian,

VS A15 (4) 15M 9/SB

9324 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 

n928n

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY MONTGO	MERY		MARYLA	AND 2. U	STATE XXXXXXX	D.C.	ived. If instituti b. COUNTY	on: Residence I	XXIXXXXX	ion)
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	V 1b	. CITY OR TOWN (If	outside corporat	te limits, write R	URAL and give	nearest town	1)
RETHES			31 Hrs.		SYDV	KKACSKKKI	WAS!	HINGTON	47x	-3
	PITAL (If not in hospital,	give street			d. STREET ADDRESS				e. IS RES	
OK INSTITUTION		OSPIT	AL		7000 PINEY	BRANCH	ROAD .	N.W.		FARM?
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Mon	ith	Day	Yeor
(Type or print)	RO	BERT		MAY	JR.	OF DEATH		AUG.	20	19 59
5. SEX		A Property of the	NEVER MARRIED		TE OF BIRTH	9.	AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
MALE	WH TTE	WIDOWI			5/28/77		lost birthdoy) 82 yrs.	Months Do	ys Hours	Min.
		done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign cou	ntry)	12. CITIZE	N OF WHAT	OUNTRY?
BETTE			Ingineer	Worlin .		GINIA		U	.S.A	
3. FATHER'S NAME	THE THE PARTY OF T	Car a	mg_moor_	14	MOTHER'S MAIDEN				010011	
ROBER	MAVO	CD			ANN EL	IZA BAS	S			
IS. WAS DECEASEDEN	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	INFOR		LUA DAD	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of	service	MONTE	30.0	TITTED (CA)	AC AT	BOVE)			
IID CALISE OF D	EATH   Enter only one of	15	NONE		WIFE (SAI	ME AS A	DUVE	1	INTERVAL BE	TWEEN
	EATH WAS CAUSED BY:	A		driz	4)				ONSET AND	
	IMMEDIATE CAUSE (	0) 634	sangueno	0100					200	248.
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Conditions, if		Hem	corrage from	n Of	sleonie (	erury			Laar	70
couse (o), stotin	g the under- DUE TO	AD.	refrating	N;	valeno	05	leer	/	unkno	Lun
		NDITIONS C	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	INAL DISEASE (	CONDITION GIV	EN IN PART 1	PERFC	AUTOPSY ORMED?
OR CONTRIBUTION	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (En	ter noture of injury in	Port I or Port II	of item 1B.)			
20c. TIME OF INJU		or 20d. II	NJURY OCCURRED 2	Oe. PLACE C	F INJURY (Home, form	n, 20f. (City o	r tawn)	(Cou	nty)	(Stote)
Hour o. m	10	While of wor	Not while	toctory,	street, office bldg., etc	c.)				
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alive an	mg - 10	, 195	$5_{-7}$ , and there	leath acc	urred at // A					
ACTUAL P	DE NIC	d V					et, city or town,	state)	DAI	E SIGNED
SIGNATURE	Thulp to	PIL	anner,	M.D.	1962080	, au	Allen	spring,	ma) \$1	20/5
PHYSICIAN'S NAME (Type)	PHILIP H. VA	RNER						0,		
220. BURIAL, CREMAT		OF	22c. NAME OF CEMET	ERY OR CRE	MATORY	22d. LOCATIO	N (City, town,	or county)	(Stot	e)
REMOVAL (Specific BURIAL	8/24/59		OAK HILL C	EMETE	RY	WASH	INGTON,	D.C.		
3 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			D BY REGISTRA		STRAR'S SIGNA	ATURE	
WAKNER E.	PUMPHREY	INC.	SILVER S	PRING	MD. DATE	UG 25 '5	9 0	Thung & 1	Track	
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# death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9325

#### CERTIFICATE OF DEATH

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o. CC	E OF DEATH			MARYLA	UND	2. USUAL RESIDENCE (Who. STATE West Vi		ved. If institution b. COUNTY	n: Residence be	fore admission	on)
	lontgome	If autside corporate limit	ls. write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If o		n limita maita DI	IDAL and nive a	named town	
RU	RAL ond give n	eorest town)			. 10				O C	ledresi lowil)	
	ethesda	TAL (If not in hospital, g	ive stee et	34 days		South C	harles	con	80 X.	. 3	
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	ASED or print)	James	st	Middle Dolph		McCloud	4. DATE OF DEATH	Mont Augus			eor 959
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Ms	le	White	WIDOW	ED DIVORCED		August 29,18	198	yrs.	Months Doys	s Hours	Min.
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3. FATH	ER'S NAME	of biles on	444	111100	-	14. MOTHER'S MAIDEN N					
To	hn McC]	md				Martha Dru	mmond				
		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 18	HORMANTThe Medi		cord Addr	P11		
-	or unknown)	(If yes, give wor or dates of se	ervice}	6-97-9787		e Clinical Ce				arvlan	d
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N.						NOT RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	EN IN PART 1(o)	19. WAS A PERFOR YES IX	MED?
20a. OR	ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in P	ort I or Port II	of item 18.)			
			1	10			1				
20c.	Hour o.m.	RY Month, Day, Yea	While	NJURY OCCURRED 21 Nat while k at work	foc	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or	fown)	(Count	y)	(State)
21.	I certify th	nat I attended the	deceas	ed from July	10,	19 59 to Aug	gust 13	1959	,that I last	saw the	locease
					eath	occurred at 6:001	M from t	he course of	nd on the d	lata state	d abau
1	The state of the s		_, ,,	er, and mar a	Cam	A COUNTRY OF THE PROPERTY OF T	ADDRESS (Stree	t, city or town, s	itote)		TE SIGNE
ACT	UAL C	larles E.	- 111	PAAGe		The Clini				91	1. 10
2101	VATURE			901	^	National			Health		PAT 23
PHY	SICIAN'S CH	arles E. Me	engel	, M.D.		Bethesda			near on		
20. BUE	HAL CREMATIC	N. 22b. DATE THEREO	F	22c. NAME OF CEMETI	RY OR	CREMATORY	22d. LOCATIO	N (City, town, o	r county)	(Stote)	
ır.	Trans.	8-14-59	)				South	Charles	ton. W	. Va.	
. FUNI	ERAL DIRECTOR	'S SIGNATURE		ADDRESS			BY REGISTRA	-	TRAR'S SIGNAT		
obe	rt A.	Pumphrev	- R	ethesda 1	4.	Marylands M	0 1 7 '50	0	11 . 0 4		
,					- 7	J Al	10 1 33	1 Civ	Thung & to	sava	

D FUNERAL DISPACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event withjar72 hours after death. the haspital ar attending physician. may be retaine

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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VS A15 (4) 15M 10/57

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## 9326 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09282

Reg. Dist. No.

1. PLACE OF DI				0.	UAL RESIDENCE (V		sed lived. If instit		dence be	fore adm	nission)
	gomery		MARYLANI	-	lary.			1101	itgor	nery	
and give no		e RUKAL	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (III		porate limits, write	KUKAL O	nd give i	nearest to	own)
The second secon	lesda Hospital or institution (	If not in he	D.O.A.	I A	Kensingt	on		_		2 24 0	ESIDENCE
Subur		II nor in ac	spiror, give street oddress)	1		mit Av	re			ON	A FARM?
3. NAME OF	Fir	st	Middle		Last	4. DATE	Mont	th	Doy	,	Year
(Type or prin	") Ethe	1	Electa	Midd	leton	OF DEATH	Aug	ust	15		1959
5. SEX	6. COLOR OR RACE	7. MARR	IED A NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years	IF UNDE	R TYEAR	IF UNE	DER 24 HRS.
F	W	WIDOWI	ED DIVORCED	Ma	r.24,189	9	fast birthday) 60 yrs.	Months	Days	Hours	Min.
10a. USUAL OC during most o	CUPATION (Give kind of work of working life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	STRY 11.	BIRTHPLACE (Stote		country)			F WHAT	COUNTRY?
Hous	ewife				New Yor	k		I	J.S.		
13. FATHER'S N	IAME			14. MC	THER'S MAIDEN	NAME			-7-		
Davi	d Sloat			4 33	Lary Min	er					
	ASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMA	ANT		Address	Ker	nsin	aton	, I.d.
ITes, no, or unknown	n) (If yes, give war or dates of	service)	No.	Gler	n A. Nid	dletor	1 9810 Su				9 2246
	OF DEATH [Enter only one cau	se per line							INTE	RVAL BETW	EEN
	I. DEATH WAS CAUSED BY:	10			1				ONS	ET AND DE	ATH
	IMMEDIATE CAUSE (o)		monary 1	re	ender	1			-	ud	de
420	DUE TO										
	s, if any, which) (b)		/-								
	g the underlying DUE TO							- 03		5/0	
couse lost									90		
Z PART	II. OTHER SIGNIFICANT CON		ONTRIBUTING TO DEATH BUT	NOT REL	ATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT I(o)	9. WAS	AUTOPSY
5		-								PERFO	DRMED?
S EXECU	LAN CAUCE MAR	DECORU						1970		YES 🔲	NO 🗔
20g. EXTERN PRIMARY CAUSE OF	NAL CAUSE WAS or CONTRIBUTING  DEATH.	DESCRI	BE HOW INJURY OCCURRED.	(Enter nat	ure of injury in Por	rt I or Port II	of item 18.)	199			
3 20c. TIME C	OF INJURY Month, Day, Yes	or 20d.			NJURY (Home, form		y or town)	(C	ounty)		(Stote)
20c. TIME O	a. m. p. m.	Whi of w	le Not while fo	ctory, stree	et, office bldg., etc	(-)					
21. i cer	tify that I took charge	of the	remains described ab	ove, he	eld an Autops	у П, 1	nspection 🔀	, Inqu	iry 🗷	, and	find that
death re	sulted from: Natural	causes	Accident [], S	uicide [	, Homicide		ndetermined		-	A 6	
	0	0									
ACTUAL	esticated 1	200	2 harr	M.D.	CHIEF MEDICAL EX	XAMINER [				DATE	SIGNED
3 Oltalok	- Theres y	CALL			ASSISTANT MEDIC	AL EXAMINI	ER 🗆 🕜		_ /7		
EXAMINER NAME (Typ		T.B	Mosena w		DEPUTY MEDICAL			-15	-3/	7	
220. BURIAL, CR		)F	22c. MAME OF CEMETERY	R CREMA	TORY	22d. LOCA	TION (City, town	for county)	,	(Sto	10) /
	(111018.1	959	Xall of	Ala	NM	set	verse	Dre	NO	. 1	na
23. FUNERAL DI	RECTOR'S SIGNATURE	/	ADDRESS	, ,	4 C 240. REC'	D BY REGIS	TRAR 246. REGI	STRAR'S S			
0.	tattell		475-4-0	771	DATE	AUG 18	29 (	Inthus	A. 74	au a	
-/-	11			7.1							

VS. A15ME(5) 5M 9/55

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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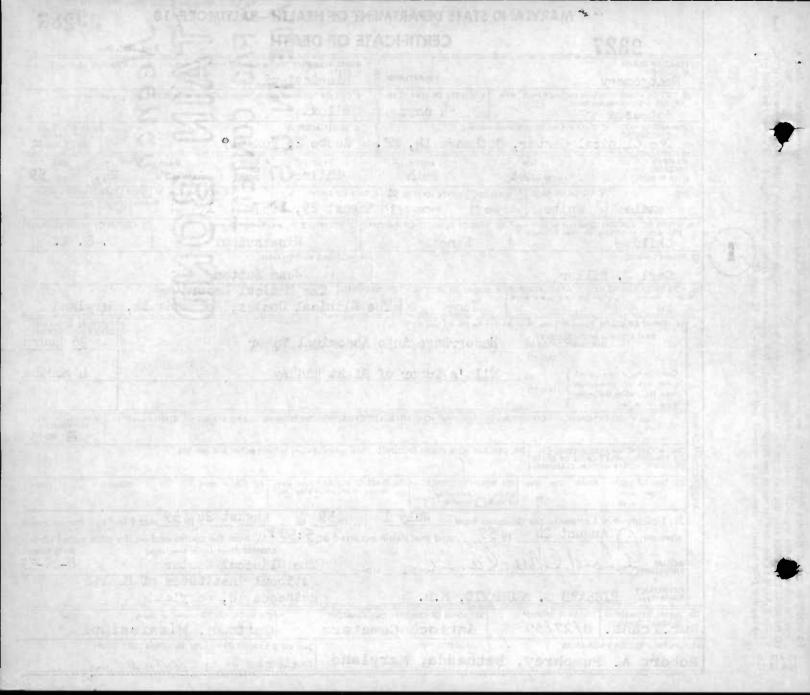
933	27		CERTIF	ICAT	E OF DE	ATH	-0		Reg. Di	st. No.		
1. PLACE OF DEATH  . COUNTY  Montgomes	ry		MARYL	- 11	USUAL RESIDEN  o. STATE  MISSIS	CE (Whe	re deceased	lived. If instituti b. COUNTY	on: Residen	ice befor	e admiss	sion)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limi	its, write	c. LENGTH OF STAY IN		c. CITY OR TOW			ote limits, write R	URAL ond	give nea	rest town	n)
Bethesda	3.		54 days	3	Biloxi			10-	61x	-3		
d. NAME OF HOSPI OR INSTITUTION The Clix	TAL (If not in hospitol, g	r, Be	ethesda 14,	Md.	d. STREET ADDI		ox 61	9			e. IS RES ON A YES	A FARM?
3. NAME OF DECEASED (Type or print)	Jan		Middle Ruth		Mille		4. DATE OF DEATH	Augus		24		Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	20 B. C	ATE OF BIRTH			9. AGE (In years last birthdoy)	IF UNDER	-		
Female	White	WIDOWE	DIVORCED	□ A	ugust 29	, 19	57	Yrs.	Months	Days	Hours	Min.
10o. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(Stole o	r foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNT
Child			None			Miss	issip	pi		U.	S. I	A .
13. FATHER'S NAME				1	4. MOTHER'S MA	VIDEN NA	ME			100		
Carl J.							Sutt					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (It yes, give war or dates of s		SOCIAL SECURITY NO.					Recordadd				
No			None	The	Clinica	l Ce	nter,	Bethesd	a 14,	Mar	ylar	nd
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	)H	he for (o), (b), and (c).] Lemorrhage i	nto 1	bdomina	l Tw	mor				ET AND	Hour
Conditions, if o gave rise to i couse (a), stating lying couse last.	ny, which ) (b	, W	film's Tumor	of I	Right Kio	dney					4 M	Month
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO TH	E TERMIN	IAL DISEASE	CONDITION GIV	'EN IN PAR	T 1(o) 15		DRMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED. (I	inter noture of inj	jury in Po	ort I ar Port	11 of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	ar 20d. IN While of work	_ Not while_	0e. PLACE foctory	OF INJURY (Hom , street, office blo	dg., etc.)			3:10	County)		(State
21. I certify the alive an ACTUAL SIGNATURE	August 24		ed fram. July 9, and that d		curred at 5	ne Cl	M, from DDRESS (SIN	eet, city or town, 1 Center	ind on th state)	he dat	e state	deceased abave
PHYSICIAN'S NAME (Type)	CICHARD C.	MEC HA	NIC, M.D.				da 14	stitutes , Maryla		leaLt	in	
220. BURIAL, CREMATIC	ON, 22b. DATE THEREC	F	22c. NAME OF CEMET					ION (City, Iown,			(Stote	e)
Bur Trans	. 8/27/59	)	Antioch	Ceme	etery		Quitm	nan, Mi	ssis	sipp	oi	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240	REC'D	BY REGISTR	AR 24b. REGIS	STRAR'S SIC	SNATUR	E	

DATE AUG 2 6 '59

arthur S. Krous

Robert A. Pumphrey, Bethesda, Maryland

TO HOSPITAL OF MAY be retoin May be retoin 10/21 VS ST 10/21 VS ST 10/21 DIS.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits/Grite RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? UKShing YES NO NAME OF First Middle 4. DATE Doy Yeor DECEASED OF DEATH (Type or print) 1959 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? bon pop during most of working life, even if retired) nune 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY emiture IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) Hour o. m. foctory, street, office bldg., etc.) While Not while. of work of work .. 19<u>59</u>, that I last saw the deceased 21. I certify that I attended the deceased from Aug. 1959 7:15p M, from the causes and an the date stated above. alive on Aug 10 , and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Pershing Drive Silver Spring PHYSICIAN'S NAME (Type)\_ same COCHRAN. 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR EREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERALIDIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRANS SIGNATURE 15M 9/55 AUG 1 3 '59 Cirting & Frank

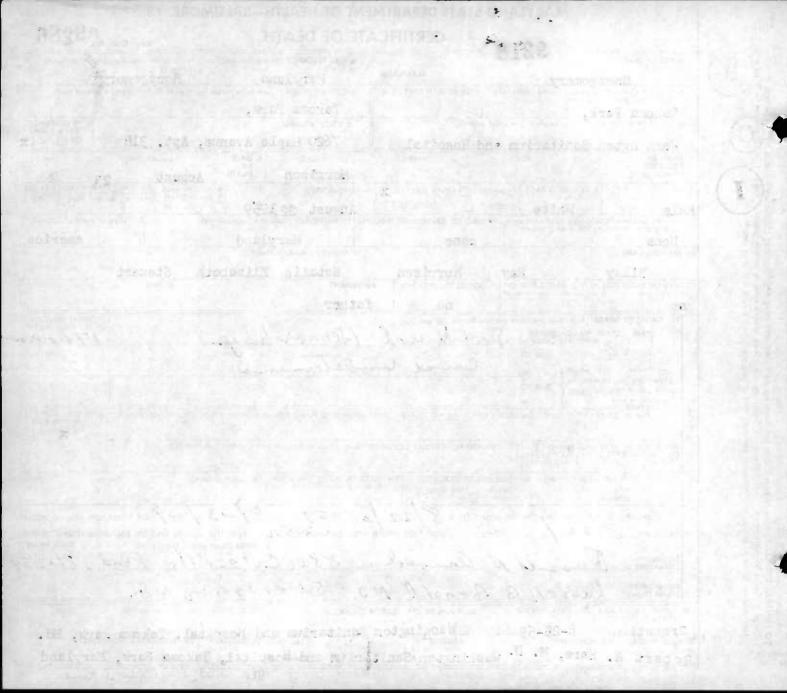
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



9329	CERTITICA	ALE OF BEATTI		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY  COUTGOINER	MARYLAND	2. USUAL RESIDENCE (Where of a. STATE WARY CAN	deceased lived. If instituti b. COUNTY	an: Residence before admission)  MCNTGCMER
b. CITY OR TOWN (If autside carporate/limits, write RURAL and give nearest town)	2 DAVS - This	c. CITY OR TOWN (If outside 26 Rock With	e corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION SUBURBAN HO		103 CALVER	RT ROAL	e. IS RESIDENCE ON A FARM? YES NO [
3. NAME OF First DECEASED (Type or print)	Middle S OTI'S	4 /	DATE Mor OF DEATH S	
S. SEX 6. COLOR OR RACE 7. MARRI MALE WIDOWE		8. DATE OF BIRTH 5-27-1883	9. AGE (In years last birthday) yrs.	Manths Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work dane 10b. I during mast of working life, even if retired)	KIND OF BUSINESS OR INDU		reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
THOMAS V. MIOR	ron	MARY 1	TAZEL U	100D
(Yes, no. or unknown) (If yes, give war or dates of service)	1	HAEP MORTON	(WIFE)	SAINE
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Musicana (c).	non		INTERVAL BETWEEN ONSET AND DEATH
451X DUE TO P	tured also	Cominged Ab	en m	draw
gove rise to immediate couse (o), stating the <u>under-lying</u> couse lost.	sterios	clarosis	1	years
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	/EN IN PART (16) 19. WAS AUTOPSY PERFORMED? YES NO □
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part (	ar Part II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour a. m. 19 of work	Not while for	ACE OF INJURY (Home, farm, 21 ctary, street, affice bldg., etc.)	Of. (City or tawn)	(Caunty) (State
21. I certify that I attended the decease	ed from luy.	3, 1957, to Clu	95, 195	that I last saw the deceased
alive an 16115 5 , 19	, and that death			d an the date stated above
ACTUAL SIGNATURE SIGNATURE SIGNATURE	Hunterp	M.D. 809 Veir	S Mill R	state) DATE SIGNED
PHYSICIAN'S G. Bowdeitc	h Hunter	- Rock	ville, N	ld.
220. BURIAL, CREMATION, PERIOD STATE THEREOF BERNOVAL (Specify) 8-8-59	22c. NAME OF CEMETERY OF	R CREMATORY 22d	DERVIL	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	address 16	DATE AUG		STRAR'S SIGNATURE

TO HOSPITAL VS A1S (4) 1SM 9/SB ATERIOR RELIGIOS SERVICES SERV

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### 9330 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			CEKI	IFICA	IE OF L	JEAII				Reg. D	ist. No		
1. PLACE OF DEATH  o. COUNTY  MO	ntgomerv		MAN	RYLAND	o. STATE	DENCE (W		ed lived. If b. (	institutio OUNT	on Reside	nce before	ore odmiss	ion)
RURAL and give n	(if outside corporate limiteorest town) .MA.S.CUS	ts, write	c, LENGTH OF STA	Y IN 16	c. CITY OR	TOWN (IF		orate limits	, write RI	JRAL ond	give ne	arest fowr	1)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, s		oddress)		d. STREET A	ADDRESS	Mt.	Verno	on A	ve.			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Elea	rst	Middl Hyatt	Moxle	lo:	st .	4. DATE OF DEATH	4	Mon		17		Yeor 1959
s. sex Female	6. COLOR OR RACE	7. MARE			DATE OF BIRT		.878	9. AGE (I lost bit	thdoy)	Months Months	R 1 YEAR Days	Hours	R 24 HRS. Min,
10a. USUAL OCCUPATION  during most of wor  HOUSE	ON (Give kind of work rking life, even if retired W 1fe	done 10b.	Own hon				or foreign	_		12. C		SA	COUNTRY
13. FATHER'S NAME					14. MOTHER'S								
Eli H	iyatt ER IN U. S. ARMED FOR	CES2 1A	SOCIAL SECURITY N	0 17 INF	GO ORMANT	rgan	na L	ewis	Addr	<b>A</b> 11			
(Yes, no. or unknown) NO	(If yes, give wor or dates of s		None			1 A.	Cli	ne, l	-	ovi	a, l	Md.	
PART I. DE.  4 2 2 . /  Conditions, if a gove rise to a couse (o), stoling lying couse lost.	the under-	Sixte Co	rioscle	Reg	cande not related to	THE TERM	L INAL DISEA	se condit	ION GIV	EN IN PA	7		y join
OR CONTRIBUTION	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture o	of injury in	Port I or Po	ort II of item	18.)			YES 🔲	NO 🗆
20c. TIME OF INJUI Hour a. m. p. m.		ar 20d. II While of wor	NJURY OCCURRED  Not while of work	20e. PLAC focto	E OF INJURY ( ry, street, office	Home, form e bldg., etc	n, 20f. (Cil	ly or town)			(County)		(Stote)
21. I certify the alive on	James P.	. 19	59, and the	t death o	ccurred at	2, 10	AM, fro ADDRESS (1	m the co	uses a	ndan		ite state	decease ed abave ATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify	Aug. 20		22c. NAME OF CE		REMATORY Weth			Clage			_	(Stot	e)
23. FUNERAL DIRECTOR		sun	ADDRESS	scus,		24a. REC	D BY REGIS	TRAR 2	b. REGIS	TRAR'S S	IGNATU	RE	

may be retain 1, the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL VS A15 (4) 15M 9/5S

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. 50	02		CERTIFIC	AIE O	F DEATH	1		Reg. Di	st. No.		
1. PLACE OF DEATH 6. COUNTY Montgome	ry		MARYLAND	2. USUAL o. SIA	residence (WHITE TE aryland	nere deceased	lived. If institution b. GOUNTY	on: Resider		re odmiss	ion)
b. CITY OR TOWN ( RURAL ond give n  Bethesda		ts, write c.	LENGTH OF STAY IN 16		or town (if a		ote limits, write R	URAL ond	give neo	rest low	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g			d. STI	EET ADDRESS						SIDENCE FARM?
3. NAME OF DECEASED (Type or print)		rsius	(none)	Ne	Lost idert	4. DATE OF DEATH	Augu		5		Yeor 19 59
s. sex	White	WIDOWED [		B. DATE OF	uary 25,	1906	AGE (In years lost burthdoy)  3 yrs.	IF UNDER Months	Days	IF UNDI Hours	ER 24 HR
Mechanic	king life, even if refired		o of Business or Ind Automobile	USTRY 11. BI	RTHPLACE (Stote Germ		intry)	12. CI1		S.	A.
August N					HER'S MAIDEN N	Elm					
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	available				Recorded Bethes		t, M	aryl	and
PART I. DEA  204,3  Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under-	, C	irculatory cute Myeloc	ytic L	eukemia				11/2	Mon	nths
20a. ACCIDENT W/OR CONTRIBUTING	HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH  MEDICAL EXAMINER		E HOW INJURY OCCURE	l Fills				EN IN PAR	T 1(o) 11	PERFO	AUTOPSY PRMED? NO
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJUR While of work	Not while	LACE OF INJ actory, street,	URY (Home, form office bldg., etc.	, 20f. (City o	or town)	(0	County)		(State
actual SIGNATURE	Pawrence A.	deceased ( , 19 59	Jaydon S	/ '/.	ot 4:45 F	M, from ADDRESS (Streenical (	5, 19 59 the causes a et, city or town, Center itutes of Maryland	nd an tl stote)	he dat	e state	ed abo
220. BURIAL, CREMATIC REMOVAL (Specify) Burial			Mt. Olive		RY	22d. LOCATIO	ington	r county)	c.	(Stote	e)
23. FUNERAL DIRECTOR	's signature  Pumphrey	, Bet	ADDRESS hesda 14,	Md.	240. REC'I	UG 7 '5		TRAR'S SIC			

may be retaine the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death TO HOSPITAL OF

death: Poge 4

VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9219	CERTIFICATE	OF	DEATH	R

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		Reg	J. Dist. No.
MARYLAND	2. USUAL RESIDENCE (Where decorated as STATE	ceased lived. If institutions Re b. COUNTY	esidence before admission)
2/1		corporate limits, write RURAL	and give nearest town)
ress)	d. STREET ADDRESS	ave se	IS RESIDENCE ON A FARM? YES NO
Middle RSULO	A	<i>P</i> .	Day Year 5 1959
		9. AGE (In years last birthday)  Mar	NDER TYEAR IF UNDER 24 HRS.
D OF BUSINESS OR INDU	1		2. CITIZEN OF WHAT COUNTRY
	Jackson		G.50
		Address	reisteina).
executed  PAIN TOU  TRIBUTING TO DEATH BUT	MOR, LEFT	TEMPORA.	I WIC  MONTHS  A PART I(0) 19. WAS AUTOPSY
E HOW INJURY OCCURRE	D. (Enter nature of injury in Part I o	r Part II af item 18.)	PERFORMED? YES NO
Nat while fa	ACE OF INJURY (Home, farm, 20f. ctary, street, office bldg., etc.)	(City or town)	(Caunly) (State)
		fram the causes and	at I last saw the decease on the date stated above DATE SIGNE
	Middle  RSWQ  NEVER MARRIED    DIVORCED    Not while    of work    fram.	AN TOMORED TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI TOMORED NATIONAL SE HOW INJURY OCCURRED. (Enter nature of injury in Part I of work of work of work of work of work of the property of t	d. STREET ADDRESS  Whospital 1819 Minn. Gye SE.  Middle Lost A. DATE Month  RSULA NICKOSON DEATH  NEVER MARRIED S. DATE OF BIRTH  DIVORCED 8-23-07 P. AGE (In years   IF UI   Instribution)  ID OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country)  II. MOTHER'S MAIDEN NAME  TACK SE W  CIAL SECURITY NO. 17. INFORMANT Address  OF (0), (b), and (c).  RESPIRATOR FOR TEMPORA  ITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  BE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)  RY OCCURRED Not while of work of the course of the co

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Sept. Mark Transfer		10	in Their No.	
			Biblio o	

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 8,9 FilmG248 9-16-59 et CERTIFICATE OF DEATH

MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
MARYLANO
b. COUNTY
MONTGOMERY

X	933
	1. PLACE OF DEATH o. COUNTY MONTGOMERY

he funeral director, nould be filed with .5

death. Page

executed within 24 hours

Poges and compl paper the attending physician and Then please remave carbon vent within 72 hauss after de

TENDING PHYSICIAN: The law requires that the death certificate be may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been si page 3 should be detached far use as the burial-transit the registrar prior to burial, crematian, ar remaval, and VS A15 (4) 1SM 10/57

	HORIGONE	<b>1</b>			7.5	PARTL	ANU		MONIG	UMERT		
b.	CITY OR TOWN (I	f outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If outsid	le carporate li	mits, write RL	IRAL and give	e nearest to	wn)
OL	NEY			9 DAY	S	SILVER	SPRI	NG				
d.	NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET ADD	RESS				e. IS R	ESIDENCE A FARM?
Mo	NTGOMERY	COUNTY GEN	ERAL	HOSPITAL,	KNC	2627 WI	EISSMA	N ROAD				□ NO XX
	AME OF ECEASED	Fire	st	Middle		Last		DATE OF	Mont	h	Day	Year
	ype or print)	WIL	LIAM	BRO	NWC	NICHOI	LSON	DEATH	Augi	UST	27	19 5
5. SE	х	6. COLOR OR RACE	7. MAR	RIED KNEVER MARRI	ED   8.	DATE OF BIRTH		9. AC	E (In years 1 birthday)	IF UNDER 1 Y		
	MALE	WHITE	WIDOW	/ED DIVORCE	DO	3/1/8/	8 4/1	8/89 7	70 yrs.	Months Do	ays Hour	rs Min.
10a. 1	USUAL OCCUPATION during most of work CARPENT	ON (Give kind af wark oking life, even if retired) FER	lone 10b	. KIND OF BUSINESS C	R INDUSTR	MARY		oreign country)			SA	AT COUNTR
13. FA	ATHER'S NAME					14. MOTHER'S M	AIDEN NAMI	E				
	WILLIAM	4 H. NICHOL	SON			C	AROLIN	E YOUNG				
15. W	AS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	. 17. INF	ORMANT			Addre	PSS		
(Yes, r	NO No	(If yes, give wor or dates of u	rvice)	Unknown	1	OSPITAL	RECOR	os,	OLNEY .	MARY	LANO	
1	B. CAUSE OF DEA	TH [Enter only one co	use per 1	ine far (a), (b), and (c).	]						INTERVAL	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (or	BR	ONCHOPNEUM	DNIA V	VITH ABSO	CESS F	ORMATIC	N		ONSET AN	ID DEATH
	1637	DUE TO										
	Conditions, if o	ny which I	CA	RCINOMA OF	HINGS							
	gove rise to i	mmediate			20114							
	couse (o), stoting	the under-										
1.0	lying couse lost.	J (c)		CONTRIBUTING TO BE	ATLA BLIT AL	07 051 4 750 70 70	45 TERLAIN 444	District days				
CATION		TER SIGNIFICANT CONI			AIH BUI N	OT RELATED TO TH	1E TERMINAL	DISEASE CON	DITION GIVE	N IN PART 1	PERF	FORMED?
E S		S UNDERLYING		SCRIBE HOW INJURY O	CCUPPED	/Enter nature of in	ivey in Past	Lar Part II of	tem 18 1		165	V) NO []
× (	OR CONTRIBUTING	CAUSE OF DEATH	200. DE.	SCRIBE HOW INJURY O	CCORRED.	(Enler holore of it	njury in Pori	I dr Port II or	nem ro.j			
- I	Oc. TIME OF INJUR	Y Month, Day, Yea	r 20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (Ho	me, form, 2	Of. (City or tax	vn)	{Cou	inty)	(State
VED.	Hour o.m.	19	While of wo		focto	ry, street, office bl	dg., etc.)				1	
					c = 10	50	Aucu	c + 27	50			
4	21. I certify if	at I attended the				19 59						
9	alive an AU	CUS 1 20	_, 19-	9 and that	death o	ccurred at 14						
	ACTUAL	My	2	*-			ADD	RESS (Street, c	ity or town, s	tote)		DATE SIGN
	GNATURE	MILL	Va-	-	M.	D						
	PHYSICIAN'S	V					E-ALL (					
	NAME (Type)	J. W. B1	RD.	M. D.			SAND	Y SPRIN	G. MAI	TLAND		
	BURIAL, CREMATIC REMOVAL (Specify)		F	22c. NAME OF CEM	ETERY OR	CREMATORY	22d	LOCATION (	City, town, a	county)	(\$1	late)
	Burial	Aug 29	59	Salem				Brook	villa		1	Ma
23. Fy	NERAL DIRECTOR	SSIGNATURE		ADDRESS		24	a. REC'D BY			TRAR'S SIGN		
a	ion ou	02arles	L I	Laytonsvi	110	Ma D	ATE SEP	3 '59	C	aling &	Hans	
				DAT	L. C.	Ma D			1	1 20,	- AL 4000	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	9334 MARTEA	Item 3 FilmG2 CERTIFICA	ATE OF DEATH	BALIIMORE, 18	09293 Reg. Dist. No.						
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where do. STATE D. C.								
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give neorest town) FERMAN 40 WN		c. CITY OR TOWN (If outside WASHINGTON	~	RAL and give nearest town) $\times -3$						
1	d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION IDENTIFY OF NURSIN	G HOME	2205 Califor	nia St.,N.	W. e. IS RESIDENCE ON A FARM? YES ON NO WIX						
Ĺ	NAME OF DECEASED (Type or print) He turn	H FOULDS		PATE Month	Day Year 13 1959						
	F W with	OWED DIVORCED	B. DATE OF BIRTH 12/18/1885	lost birthday) 73 yrs.	FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.						
	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	OHIO	eign country)	12. CITIZEN OF WHAT COUNTRY						
13.	FRANK FOULDS	w. J. Carlotte	14. MOTHER'S MAIDEN NAME MARY B	LAIR							
15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? In our unknown] (If yes, give war or dates of service)		OL. ROBERT E.	O'BRIEN, J							
	18. CAUSE OF DEATH [Enter only one couse of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	relievely	mehopneum tre carleson	nova seula de	INTERVAL BETWEEN ONSET AND DEATH 3 AND DEATH						
<b>IFICATION</b>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 100										
AL CERTIFI	(IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	Hour a. fi.	/hile Not while for	ctory, street, office bldg., etc.)	. (City or town)	(County) (State)						
	21. I certify that Lattended the decalive on	79 10			that I last saw the deceased d an the date stated abave DATE SIGNED						
220	BURIAL, CREMATION, 22b. DATE THEREOF 8/17/59	22c. NAME OF CEMETERY OF ARLINGTON		FOAT MYER.							
23. J	FUNERAL DIRECTOR'S SIGNATURE 17	56 Pa. Ave., N.	W. DC DATE		AR'S SIGNATURE  1 8. Kraus						

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retain the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 haurs/ofter death.

VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTI

**CERTIFICATE OF DEATH** 

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	LACE OF DEATH			44.644		. USUAL RESIDENCE (M		t lived. If institution b. COUNTY			
		ontgomery		MARYL	AND	Maryl	and	D. COOM11	Montg	omery	
ŧ	RURAL and give n	(If outside corporate limit	s, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	outside corpo	rate limits, write R	URAL ond g	ive nearest	town)
7	ethesda	icores rowny		37 days		Rockville	26				
		TAL (If not in hospital, gi	ve street			d. STREET ADDRESS	1			e. IS	RESIDENCE N A FARM?
7	he Clinic	cal Center.I	ethe	sda 11. Md.		5 Shetland	Court				S NO
3. (	NAME OF DECEASED Type or print)	fin TATT	t	Middle		Oliverio	4. DATE OF DEATH	Mon		Day 13	Year 19 <b>59</b>
5. 5			12-4-57	Nancy		DATE OF BIRTH	DEATH	9. AGE (In years			NDER 24 HRS
				IED NEVER MARRIE	_		3005	Last birthday)			urs /Ain.
	emale	White	WIDOWI	and the same of th			1905	54 уп.			
10a	during most of wor	ON (Give kind of work drking life, even if retired)	one 10b.	KIND OF BUSINESS OF	NDUSTR	Y 11. BIRTHPLACE (Stot	e ar fareign co	ountry)	12. CITI	ZEN OF W	HAT COUNTR
F	ousewife			None	754	Italy			U	S.A.	
13.	FATHER'S NAME				. 09	14. MOTHER'S MAIDEN	NAME				
1	eon Casel	lla			162	Nancy Real	e				
15.	WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT The Me	dical	Record Add	ess		
	no, or unknown)	(If yes, give war or dates of se		certainable	1	e Clinical				Mars	rland
-		ama fr.			N 770	e ormiteer	OGITUEL	, peones	ues 214		
		ATH [Enter only one car ATH WAS CAUSED BY:	1114							ONSET A	L BETWEEN
	1 mm 3	IMMEDIATE CAUSE (0)	Нер	atic Failur	<b></b>					2 d	ays
	153.3	DUE TO								100	
	Conditions, if		Met	astic Adend	carc	inoma, Live	r			1 y	ear
	gove rise to couse (o), stoting						33.53				
н	lying couse last.		Ade	nocarcinoma	. Si	moid Colon				3 0	ears
Z	PART II. OT	HER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY
CATION		percholeste	role	mia						PE	REORMED?
CERTIF	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter nature of injury in	Port I or Port	II of item IB.)			
	20c. TIME OF INJUI	RY Month, Day, Yea	e 204 II	NJURY OCCURRED	20a PLACE	OF INJURY (Home, for	m 1206 (City	on town)	15		151-1-1
MEDICAL	Hour o.m.	10	While	Not while	factor	y, street, affice bldg., et	(c.)	or rown,	(C	ounty)	(Stote)
×	p. m.	19	of worl	t of work			1				
	21. I certify th	hat I attended the	decease	ed fram July	7,	, 19.59 , ta_A	ugust	13 , 1959	,that I la	ast saw t	he decease
	alive an Au	gust 13	19 5	9 and that	death a	ccurred allo: 30					
				1				reet, city or town,		o duic s	DATE SIGN
	ACTUAL SIGNATURE	CAODAMAD	2 -	MARIAM	Laur	The Clin	nical C	enter		R	-711-59
	SIGNATURE			7	M.L			tutes of	Healt		-141-27
	PHYSICIAN'S NAME (Type)	Charles E.	Mena	el. M. D.		Bethesda		arvland	Hoar	342	
220	BURIAL CREMATIC	ON, 22b. DATE THEREO		22c. NAME OF CEME	TERY OR C			ION (City, town, c			F 1
u	MANUAL FOREIGN	nsit 8-14	-59	Calvary		etery	Clev	reland,	Ohio		Stote)
	FUNERAL DIRECTOR			ADDRESS						MATURE	
23.	But (	1. Comsto	u	Bethesda.	Mar	mrl and	WAR BEELE	1246. REGIS	TRAR'S SIG	NATURE J. France	4
			75	7		y Latte DATE					

death: Page 4 CTOR: After this certificate has been signed by the attending physician and completely filled in by a funeral director, a detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retain the haspital or attending physician.

TO FUNERAL Director: After this certificate has been signed by page 3 should be detached for use as the burial-transit\_permit.

the registrar priar to burial, cremation, ar remaval, and the agy V\$ A15 (4) 15M 10/57

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	And the Association of the Community of	
	S AFRICA ST-F(-	September 1
		Town a Pour

RURAL and give nearest town)

b. CITY OR TOWN (If outside corparate limits, write

PLACE OF DEATH

o. COUNTY

MARYLAND

c. LENGTH OF STAY IN 16

e. IS RESIDENCE ON A FARM?

YES NO

Year

125

Hours

INTERVAL BETWEEN ONSEY AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

New Jersey

USA

(County)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)

b. COUNTY 17

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by 2. filled Pages letely ā pup 9 physici mave attending ā signed burial-transit has been certificate

certificate

physician attending

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS KENSINGTON 4. DATE OF DEATH NAME OF Middle Month DECEASED (Type or print) (3-IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months 85 WIDOWED IT. DIVORCED | October 18m1873 USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? de de Fire Dept. Germany Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Hospital records None Nο 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO REBUAL VASCULAR ARTERIASCLEUSES Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City ar town) factory, street, affice bldg., etc.) MEDI Hour a. m While Not while 19 at work at work 1927 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at \$130 FUNERAL DIRECTOR: A POSSE 3 should be detach alive an LM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIANIS NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Fairview Cemeterv Bergen County. Bur-Transit 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR VS A15 (4) Alig 2 6 '59 15M 9/SB

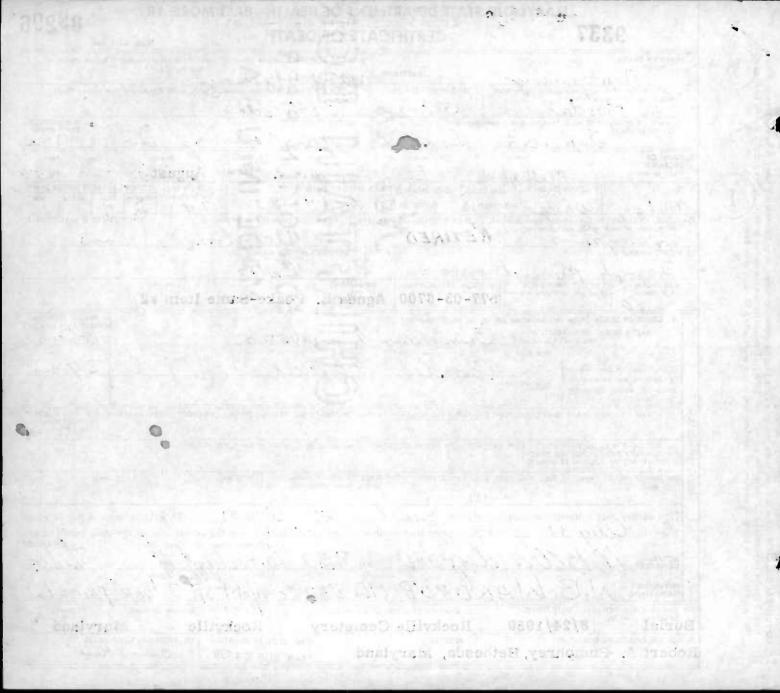
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Red.	DIST.	INO.

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1. PLACE OF DEATH o. COUNTY	tranery	MARYLAND	2. USUAL RESIL	DENCE (When		l. If institution b. COUNTY	n: Residence be	fore admission)
b. CITY OR TOWN (I	f outside corporate limits, write cares town)	c. LENGTH OF STAY IN 16	c. CITY OR	The se	Iside corporate li	mits, write RU	RAL and give r	nearest town)
	AL (If not in hospital, give street	1	d. STREET A		Burl	E.	2	ON A FARMS
3. NAME OF DECEASED (Type or print)	First	Middle	Plos		4. DATE OF DEATH	August	/	Day Year
S. SEX Male		RIED NEVER MARRIED	B. DATE OF BIRT		9. AC	E (In years		AR IF UNDER 24 H s Hours Min
during most of worl	DN (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPL	ACE (Stote o	r foreign country	1	12 CITIZAN	OF WHAT COUNTE
13. FATHER'S NAME	5 Millerd	Peake	14. MOTHER'S	Co.	IME/			
1S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service) 5	50CIAL SECURITY NO. 77-03-6700 A	Agnes L.	Peak	e-Same	Addre Item #		
PART I. DEA	ATH [Enter only one couse per li TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]	O hos	ubos	-			Show
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO	Cardia	Fact	lost				3 years
-	) (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO	THETERMIN	AL DISEASE CON	IDITION GIVE	N IN PART 1(o	19. WAS AUTOPS PERFORMED? YES NO
	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	f injury in Po	ort I or Port II of	item 18.)		
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d. I 19 While of wor	Not while f	PLACE OF INJURY ( octory, street, office		20f. (City or to	wn)	(Count	ty) (Sto
21. I certify the	at I attended the decease	~ /	, 19 <u>48</u> h accurred at		0	causes and	on the do	aw the deceas
ACTUAL SIGNATURE	Blean	lupmo	M.D. 83	2 3	DULLA CO	il fl	(colore)	8/21/59
PHYSICIAN'S NAME (Type)	N.B. WA	RBROP. 1	10,83	Bon	yeht 5	T. Sil	UER SP	PRING ML
Burial (Specify)	8/24/1959	Rockville C			Rockvil	_	2.0	(Stote) ryland
23. FUNERAL DIRECTOR	s signature Pumphrey, Beth	nesda, Maryla	and	24a. REC'D	BY REGISTRAR		TRAR'S SIGNAT	

death. Page 4 TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, poge 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to buriol, cremation, or remayal, and in any event within 72 hours after death TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL O VS A15 (4) 15M 9/58



TO HOSPITAL

VS A15 (4) 15M 9/5B

051

# 9338 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09297

2660		CERT	IFICAT	E OF DEAT	TH		Reg. Di	ist. No.	215	5
1. PLACE OF DEATH o. COUNTY Montgomers		MAR	YLAND 2	usual residence (	Where deceased	b. COUNTY			e admis	sion)
b. CITY OR TOWN (If autside carporate lim	nits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (I	If autside carpo		URAL and		rest taw	n)
RURAL and give nearest tawn)		40 min.				/	O KI LE GILO	9		,
Bethesda (Rural)	nive street			d. STREET ADDRESS	ring	06		1.	a IS PE	SIDENCE
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION  U. S. Naval Hospital	give sheer t			912 Gable	Street				ON	A FARM?
3. NAME OF	irst	Middle		Last	4. DATE	Mon	th	Day	y	Year
(Type or print) Geor	ge	Frankl	in	PETERSON	OF DEATH	Augu	ist	3		19 59
		IED NEVER MARRI		DATE OF BIRTH		9. AGE (In years	IF UNDER	RIYEAR		
	WIDOWE			6-24-12	1.50	last birthday)	Manths	Days	Hours	Min.
Male Caucasian  10a. USUAL OCCUPATION (Give kind of work					te or foreign o		12 CIT	IZENIOE	WILL	COUNTRY
during most of working life, even if retired	d)	KIND OF BUSINESS C	JK INDUSIK			ounity)				LOUIVIK
Mariner	U	. S. Navy		Kansa			U	.S.A	•	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
Frank PETERSON				Hattie N	MOON					
15. WAS DECEASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO	. INFO	RMANT	-61-50	Add	ress	Pare		
Yes (If yes, give war or dates of WWIT&Korea	1	46 30 1102	(W)	Mrs. Anna	S. Pete	erson. se	me a	dre	ee 8	e #2
1B. CAUSE OF DEATH   Enter only one c		12 72 242			01 200	ar bon, be	THO CO			ETWEEN
PART I. DEATH WAS CAUSED BY:	~ ~ ~	c rai (a), (b), and (c)	1. 1	7 . /	1.					DEATH
IMMEDIATE CAUSE (		ugocar	ude	infai	con			d	MA	21
DUE TO	0	1/1 -	0	. /		1 .				
Conditions, if any, which	b) /	Musso	lera	su a	nera	lines	0	- 2	yes	ans
gave rise to immediate Cause (a), stating the under-	0					0				
lying cause last.	c)									
PART II. OTHER SIGNIFICANT CON  PART II. OTHER SIGNIFICANT CON  OR CONTRIBUTING  CAUSE OF DEATH  OF	NDITIONS_C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	PERF	AUTOPS' ORMED?
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	OCCURRED. (	Enter nature af injury	in Part I ar Par	t II af item 1B.)				
	ear 20d IN	JURY OCCURRED	20e. PLACE	OF INJURY (Hame, fo	orm. 20f (Cib.	or town)	. ,	(County)		(State
Hour o. m.	While	Nat while	factor	y, street, affice bldg.,	etc.)	di lawiij	,	Coomy		(3101
p. m. 19	at wark	at wark							1	
21. I certify that I attended the	e decease	ed fram Augus	t 3	19.59, ta A	lugust :	19.59	hat I lo	ast saw	the c	decease
alive anAugust 3				ccurred at 10:0						
		cally and ma	a carri a			treet, city or tawn,		c daic		TE SIGNI
ACTUAL DOM 1/2.	1	A.		II C N					0 1.	50
SIGNATURE		X	M.D	U.S. N	ayar H	paptrat			2-4-	29
PHYSICIAN'S J. M. YOUNG	, LT,	MC, USN		Bethese	la 14, 1	Vd				
220. BURIAL, CREMATION, 22b. DATE THERE	OF	22c. NAME OF CEM	ETERY OR C	REMATORY	22d. LOCA	TION (City, tawn,	or caunty)		(Sta	ite)
REMOVAL (Specify) Burial 8-7-59		Arlingto	n Nati	onel	Amlia	ngton		77.	irgi	nio
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	CUANG .	24~ 05	C'D BY REGIST		STRAR'S SI		-	HIR
							J. NAN 9 31	-111101		
W.E. Pumphrey Funeral	Home,	0434 Ga.Av	e.SS	Md DATE	UG 7 '5	9 0	- 0	20		

#### HASSUSSISTADES OF

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	Jeogra pid-0 950		Latigue Lavet . A . 1
E E E E	Paraudon - Pen	Prencise	
	Sinkano		ple townsten
	Reports	U. S. 30v	13.12.
			Month and almost
	Emerged School	5.2000/3	E Panguara
(C.4.4)	U. S. Bevel Ros.	, . ,	
districtly	goliza ismol	v v projection	Pg=V- 1=270

M.S. Brandesey E. Stern, Horn, Thall Gr. Avg., 38, 186, 187, 188 | Land Co. Sec. 15, 188

051

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## 9339 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

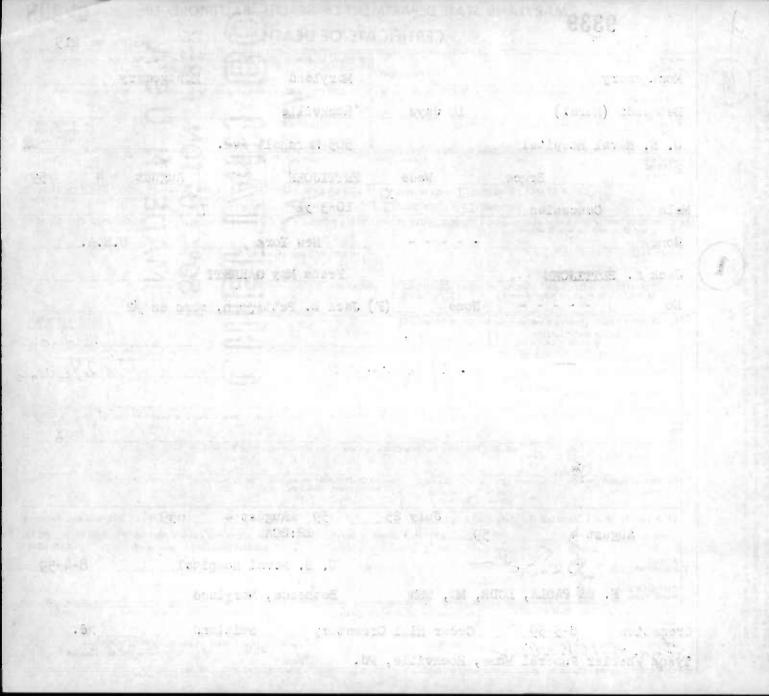
**CERTIFICATE OF DEATH** 

Reg. Dist. No. 215

09298

1. PLACE OF DEATH o. COUNTY Montgomery	У		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Maryland	here decease	d lived. If instituti b. COUNTY Montg			re admissi	ion)
b. CITY OR TOWN (I RURAL and give no	If outside corporate lim	its, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give ne	rest town	)
Bethesda			10 days		Rockville						
OR INSTITUTION	TAL (If not in hospital,	give street			d. STREET ADDRESS	77.0	2				FARM?
	al Hospital				505 Marsha	11 Ave				152	NO 🔀
3. NAME OF DECEASED (Type or print)	Bru		Middle Wade		PETTIJOHN	4. DATE OF DEATH	Aug		Do L	,	reor 19 <b>59</b>
5. SEX	6, COLOR OR RACE		RIED NEVER MARRIE	1977 R	DATE OF BIRTH		9. AGE (In years			IF UNDE	
Male	Caucasian	WIDOW		-	10-3-51		lost birthdoy) 7 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUST	RY 11. BIRTHPLACE (State	e or fareign o	country)	12. CIT	IZEN OI	WHATC	OUNTRY?
None	king life, even if retired	)			New Yo			U	.S.A		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Jack E. P	ETTT.TOHN				Freda May	GARNE	TT				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	IN	FORMANT		Add	ress		15.75	
(Yes, no, ar unknown) NO	(If yes, give war or dates of	envice)	None	(F)	Jack E. Pet	tijohr	, same a	s #2			2
ICATION TO THE PARTY OF THE PAR	the under DUE TO	DITIONS			OT RELATED TO THE TERM			/EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
	AS UNDERLYING []  G [] CAUSE OF DEATH  MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Pai	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Ye	While			CE OF INJURY (Home, far ary, street, office bldg., et		y or town)		(County)	no.	(State)
21. I certify the alive an Augustanture  PHYSICIAN'S FORMER (Type)	st #	-, 19.5 Olo	sed fram July 2 59 and that a		, 1959 , toAu accurred all2:20 b. U. S. Na Bethesda	AM, from ADDRESS (S Val Ho	the causes are street, city or town, ospital	d an th		stated	
220. BURIAL, CREMATIC REMOVAL (Specify) Cremation	8-5-59	OF .	22c. NAME OF CEME				TION (City, town,	or county)	N	(Stote	e)
23. FUNERAL DIRECTOR	's SIGNATURE	Home	ADDRESS  Rockville		24a. REC	AUGREGIS	TRARO 24b. REGI	STRAR'S SI	IGNATU	RE	

VS A15 (4) 1SM 9/S8



M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09299

								Reg. Dis	t. No.	
o. COUNTY MON	NTGOMERY		MARYL		o. STATE MARY		b. COUNT		ce before odi	_
and give nearest town	t outside corporate limits, write LVER SPRING	RURAL	LENGTH OF STAY IN	N 16	c. CITY OR TOWN	If outside con		RURAL ond	give neorest t	own)
	711 GALT A		ol, give street address)		4. STREET ADDRESS 8405 DI	XON AV	ENUE	MA Z	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fire ELIZA		Middle	PHAU	Lost	4. DATE OF DEATH	Mont		Day	Yeor 19 59
5. SEX		W. State . (S. St.)	NEVER MARRIED				9. AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HRS
FEMALE	WHITE	WIDOWED [	DIVORCED [	5	5/29/71		lost birthday) 88 yrs.	Months D	lays Hours	Min.
	ON (Give kind of work on the life, even if retired)  (alteration	4	pof Business or in ept. Store othing stor		NORTH CA				EN OF WHA	T COUNTRY
3. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
	MERRIT	r			MARY O	WERBY				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of	service)	CIAL SECURITY NO.	17. INFO			Address ore, 11,7]		Ave.	
Conditions, if o gove rise to imme (o), stoting the couse lost.	diote couse	Jane DITIONS CON	TRIBUTING TO DEATH		RELATED TO THE TERM			VEN IN PART	710119. WAS	AUTOPSY
PART II. OTI	USE WAS 20	b. DESCRIBE H	OW INJURY OCCUR	ED. (Enter	noture of injury in Pe	ort 1 or Port 1	I of item 18.)		YES []	NO D
20c. TIME OF INJU		20d. INJ While of work	_ Not while _	PLACE (	OF INJURY (Home, for street, office bldg., et	rm, 20f. (Cit	ty or town)	(Coun	ty)	(Stole)
	hat I took charge resulted from: 1				Suicide,	Homicide		, Inquiry ermined m	anner 🗌	nd in my
SIGNATURE  EXAMINER'S NAME (Type)	FRANK J.	BROSCHA	RT	м	D. CHIEF MEDICAL  ASSISTANT MEDICAL  DEPUTY MEDICAL	CAL EXAMIN	ER 🗍	- 24.		
220. BURIAL, CREMATIC	URIAL 8/26		CORT LINCOL		MATORY METERY	PRIN	ATION (City, town,	or county)	MARY!	
WARNER E.	PUMPHREY ]	INC.	ADDRESS SILVER SP	RING		O BY REGIS		ISTRAR'S SIGN		

TO DEPUTY ME AL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessary, please execute the classe, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funerology actor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

Er. Simule 1. 1998, 11, 12 one to the TO THE REAL PROPERTY. THE MUNICIPALITY OF THE PROPERTY AND THE PROPERTY OF THE PROPE AND DESCRIPTION OF THE PARTY AND PROPERTY AND PROPERTY AND PARTY. AND ADDRESS OF THE CHIEF STREET OF THE STREE

FOR STATE

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		9341 CERTIFICATE OF DEATH Reg. Dist. No. ()93()()
director.		1. FLACE OF DEATH  1. COUNTY  O. STATE  D. COUNTY  D. C
Pero en	//	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by funda 2 should	74	d. NAME OF HOSPITAL (If not in harolfal, give street abdress)  OR INSTITUTION  LESS TEET ADDRESS  OR A FARM?  YES NO
filled in		3. NAME OF DECEASED (Type or print) SELENA LAURA PHIPPS 4. DATE OF DEATH OWNER 17 19 59
pletely ers. Pog		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF 8 RTH  WIDOWED DIVORCED DIVORCED 75 Months Days Hours Min.
and com on pope	1	10a. USUAL OCCUPATION (Give kind of work done done done double fredright of working like, every if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  11. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)  13. A.
physicion of mave corbinate to the physicion of the physi	I)	13. FATHER'S NAME  PETER Walters:  Gara Herry.  The Del
ing phy se rema 72 hou		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address of services III yes, give wor or dates of services III yes, give wor or dates of services III. Social Security No. 17. INFORMANT Address # 7 Herman III.
ne dear e attend en pleo nt withir	/	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  INTERVAL BETWEEN ONSET AND DEATH
d by the mit. Th	/	Conditions, if any, which gove rise to immediate (b) Coge (gover)
ian. ian. is signe		lying couse lost. (c) advero-Common / Color - Intertif obst Tweel
physic hos bee riol-tro moval,	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
thending tificate the bu		20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CHIEF, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Part III of item 18.)
tol or o this cer or use or remotion		20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 While Not while of work of
R: After oched fo		21. I certify that I attended the deceased fram. O. 1957, to 1957, to 1957, that I last saw the deceased alive on 1957, and that death accurred at 1954, fram the causes and an the date stated above
be def		ACTUAL SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNED M.D. 1835 Gyo St NW
e retoing ERAL DI 3 should gistrar pr	/	PHYSICIAN'S JAMES H SCULLY Work 16 D.C;
Poge the region		220. BURIAN CREMATION 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OF CREMATORY 22d. ECCATION (City, fown, or dunity) (Specify) (Specify) 22d. ECCATION (City, fo
VS A15 (4) 15M 9/55	R	4. arthur Waltury 254 Carroll Whale Date AUR 21 159 Circums & there

	HI OF DEATH	w
	THE PERSON NAMED IN	
		CT NO.
The Designation of the Control of th		
		Access that the property of
		Jam GOTOLUS MINIC

death. Page 4

funeral director, vold be filed with M

2 should may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 ofter in any event within 72 hours the registrar prior to burial, cremotion, or removal, and

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2 Item 16 FilmG248 9-3-59 et
CERTIFICATE OF DEATH 9342

Reg. Dist. No.

09301

1	1. PLACE OF DEATH 0. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Pineallasv
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Chevy Chase	StevPetersburg 48 x 3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	3522 Raymond Street-	P227 James Avenue South YES NO X
	3. NAME OF DECEASED (Type or print)  ALBERT Middle L.	PTERCE, 4. DATE Month Day Year OF DEATH August 17 19 59
		B. DATE OF BIRTH  9. AGE (In yeors gat birthdoy)  9/1/1884  9. AGE (In yeors I YEAR IF UNDER 24 HRS. Menths Poes Hours Min.
	Male White WIDOWED DIVORCED	2/ =/ = 3 3 4
1	10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)  Salesman-retired  Insurance	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Tennessee US
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Unknown
	(Ver as as unknown) (If you also we add out of souther)	NFORMANT Address
	No 246-07-1/3/3/4 N	Magnolia E. Pierce-wife-same as item
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under.  DUE TO  DUE TO	loteral myo cord. Inforce our afner escleroses
	Iying couse lost.   (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi\text{\text{\texite\texi\texi{\text{\text{\texi{\texi\texi{\text{\texi{\texict{\tex
	OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the control of work of w	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
/	ACTUAL SIGNATURE Daron Schwarzens	n accurred ali 45 AM from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  Nicholis Ave.S.E. Washington, D.C.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
	Burial 8/19/59 Parklawn Co	
	23. FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey Bethesda, Ma:	ry land DATEAUG 1 8 '59 Circling & Kraus

incta HYREG TO STADE TO e de la companya de l 654.001 1 . 6 \* Mellog From 230 Gate 16 To 97 79 R distribution day on the S. damožy smilovy verská ocegá, - Date 1 W State State Selesment band or misself reserve the distriction of the control of the control of the first And the second of the second o to the state of the country of the country of The state of the second state of the second second January Dr. Arron Schwartsyn, 2007 Micholbarsyd. S.E. Maghin ton, D. leserviale, statement Middel S/19/39 Washing Contests Woodert A. compared between, heryland

TO HOSPITAL

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9220

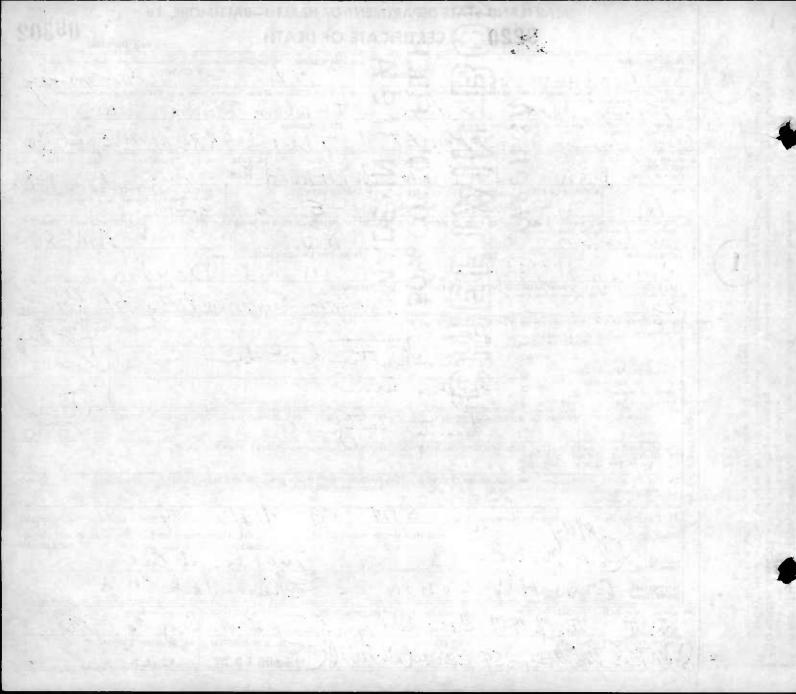
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

Calling & House

09302

1. PLACE OF DEATH  o. COUNTY	44.691.4415	2. USUAL RESIDENCE (Where deceased li	ved. If institution: Residence before admission) b. COUNTY
Montgameny	MARYLAND	110.	Mont gomer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	e limits, write RURAL ond give nearest town)
Takoma Park o	x days	MTAKOMA P	ARK MD.
d. NAME OF HOSPITAL (If nat in haspital, give street addr.	ess)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Jashington Samitariumt	Hospital	7121 (4)	TROLL AUG. YES NO
NAME OF DECEASED First	Middle	Lost 4. DATE	Month Day Year
(Type or print) IRA DR	YDEN !	11-NGEN DEATH	AUG. 17 1959
6. COLOR OR RACE 7. MARRIED [	NEVER MARRIED	F1 - 1	AGE (In years   IF UNDER   YEAR   IF UNDER 24 HR   last birthday)   Manths   Days   Hours   Min.
// WIDOWED	DIVORCED [	4-8-76	g 2 yrs. Mainis bays Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KINE during most of working life, even if retired)	O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign caun	12. CITIZEN OF WHAT COUNTR
un Knewn		Mo.	I AMER.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William H. Pitte	nger	Maria	1) ryden
	IAL SECURITY NO.	NFORMANT	Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	Wa	shington Sanitarian	m + Hospital Record
18. CAUSE OF DEATH [Enter only one couse per line for	r (o), (b), and (c).]	V	INTERTAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	wehrpen	- marine	FL. S da
446 X DUE TO	A JO	to be to	
Conditions, if ony, which)	where		of s
gave rise to immediate couse (o), stating the under-	I sharely	vz	Jan 1
lying cause lost.	1/9		
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BY	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
ξ (Λu	Cincled Li	religende	PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE	E HOW INJURY OCCURRE	D. (Ehler noture of injury in Port I or Part II	
OR CONTRIBUTING   CAUSE OF DEATH			
20c. TIME OF INJURY Manth, Day, Year 20d. INJUR	RY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or	tawn) (County) (Stot
20c. TIME OF INJURY Manth, Day, Year 20d. INJUR Hour a. m. While at work	INOI WILLIE	ctary, street, office bldg., etc.)	
	8/10	1 20 0171	ACC.
21. I certify that I attended the deceased alive an19	/	1931, 10 01	, 1927, that I last saw the decease
alive an 190	, and that death		e causes 'and an the date stated above the city or town, state)  DATE SIGN
ACTUAL ( 18) Volohon	,	7 ( ADDRESS 19tree	t, city or tawn, stote) DATE SIGN
SIGNATURE	1	M.D.	770
PHYSICIAN'S CHOS. H. WOL	LOHON	Jehm.	Tark, mi
220. BURIAL, CREMATION, 22b. DATE THEREOF 22, REMOVAL (Specify)	A NAME OF CEMETERY	R CREMATORY 22d DOCATIO	N (City, tawn, or caunty) (Stote)
1300 aug 1, 1/3/ X	story warn	ngo comuly our	July Co. //14.
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (IAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ALL REC'D BY REGISTRA	R 246. ÆEGISTRAR'S SIGNATURE
4.0041112 mulls 1 234	Leving 20.	DATE AUG 1 9 '59	Calling & ft.



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VS A15 (4)

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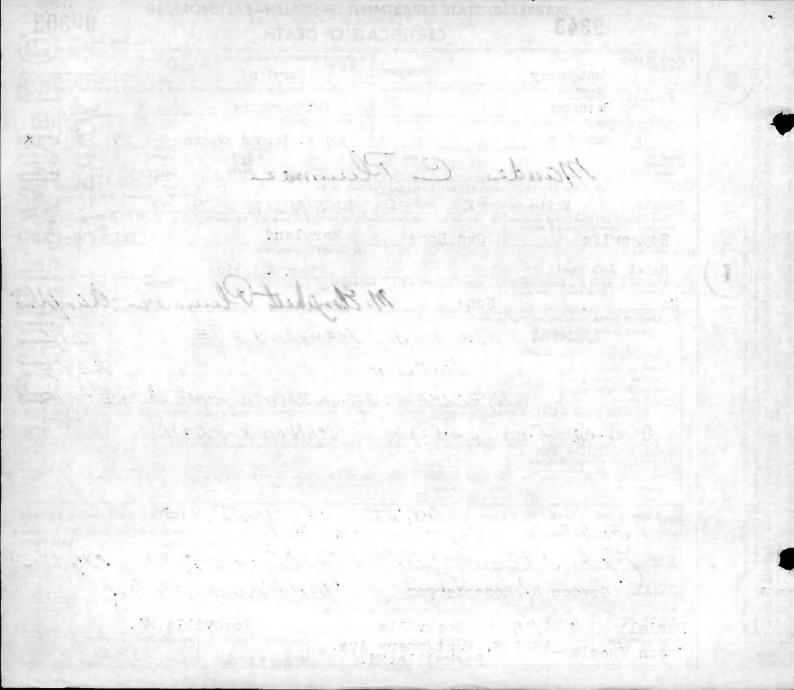
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09303

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Montgomery Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Gaithersburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Suburban YES NO NO 222 E. Diamond Avenue NAME OF 4. DATE Year First Middle Last Month Day DEATH (Type or print) August 1959 unn 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE last birthday) Months Days Hours Female White WIDOWED X DIVORCED | 10/19/88 79 yrs. 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland Housewife Own Home United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hazel W Cashell Mary E Davis IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mornit DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) Doy, (County) factory, street, office bldg., etc.) Hour While o. m Not while at work at work p. m. 21. I certify that I attended the deceased fram 1400 19.57, that I last saw the deceased and that death accurred at Thank, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) Gordon S. Rosenberger 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Rockville.Md. /20/59 Rockville Buria 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR Montgomery Ave. Rockville, Md. 331 E. Tyson Wheeler-Orthur S. Haus 9 '59



with director

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may be retained by the TO FUNERAL DIRECTOR:

VS A1S (4)

15M 9/5B

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

09305 Reg. Dist. No.

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200	neral director,	be pried with	開	1
	neral	pe pul	_	/

After this certificate has been signed by hed far use as the burial-transit permit. may be retained by the h

TO FUNERAL DIRECTOR: A
page 3 shauld be detached

PHYSICIAN: The law requires that the deoth certificote be executed within 24 haus

VS A1S (4) 1SM 9/S8

		Bethesda			3 weeks	
X		OR INSTITUTION	AL (If not in hospital, g	ive street	address)	
		NAME OF DECEASED	LEO	st	Midd H.	POLL
	S. 5	(Type or print) SEX	6. COLOR OR RACE		RIED NEVER MAR	
		Female	White	WIDOW	/EDX DIVOR	CED   Ma
	10a	during most of work Housew	N (Give kind af work ing life, even if retired TEE	done 10b	Own home	
7-13-1	13.	FATHER'S NAME				14.
Here		Mathew				
	(Ye	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s	ervice	SOCIAL SECURITY N	Nell
	MEDICAL CERTIFICATION	Conditions, if or gove rise to ir cause (o), stoting It lying couse lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJURY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS  20b. DE	Carge Caste Contributing to E HIL (TT) SCRIBE HOW INJURY	OCCURRED. (Ent
	MED		at I attended the		sed from	factory, s
1		ACTUAL SIGNATURE PHYSICIAN'S	Charl	E) (	Havar	M.D.
0		NAME (Type)  - BURIAL, CREMATION - PEMOVAL TRESITY)		F - 59	22c. NAME OF CE Green	7 0
		FUNERAL DIRECTOR'S	70 2 20 APR 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Y,	ADDRESS Bethese	da, Md.

1. PLACE OF DEATH o. COUNTY MOT	ntgomery		MARYLAN	o. STATE		here deceased li	ved. If instituti b. COUNTY		e before odn	nissian)
b. CITY OR TOWN ( RURAL ond give no Bethesda		ts, write	c. LENGTH OF STAY IN 1	lb c. CITY	the state of the state of	outside corporote		RURAL ond g	give nearest to	own)
d. NAME OF HOSPI	TAL (If nat in haspital, g	ive street		d. STRE	ET ADDRESS		200			RESIDENCE
OR INSTITUTION	3100 Beech	atre	e Rd.	123	4 Pro	spect S	Street			A FARM?
3. NAME OF DECEASED (Type or print)	LEO]		Middle H •	POLLEY	Last	4. DATE OF DEATH	Augu		L2,	Year 19 59
s. sex Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED [	8. DATE OF May 1	BIRTH .1.8	71 8	AGE (In years last birthdoy) yrs.	1F UNDER	Dys Hou	-
10a. USUAL OCCUPATION during most of wor Housey	ON (Give kind af work king life, even if retired wife	done 10b.	KIND OF BUSINESS OR IN Own home		THPLACE (SION	e or foreign coun	try)	12. CITI	S.	T COUNTRY?
13. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME		7.7		
Mather	w Hughes			Nar	cy Br	yan				
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT	Dau	ghter	Add	lress C am		Item#1
No	(If yes, give war or dures or s	N	lone	Nellie	Polle	y Jack	son	Same	e as .	T Ceilla 1
Conditions, if of gove rise to it cause (o), stoling lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the under- the under- ther significant con  AS underlying  Cause of Death MEDICAL EXAMINER	DITIONS  20b. DES	Cangesti Contributing to DEATH HILL TTS.  SCRIBE HOW INJURY/OCCU	RHEC	(MA) pre of injury in	Port I ar Part II	of item 18.)		7 1(a) 19. WA PER YES	RFORMED?
20c. TIME OF INJUI Hour o. m. p. m.	19	While		factory, street,			,		,,	(0.5.5)
21. I certify the alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the Charle	decea	Sed from 7/2 Sy, and that de	29, 19 eath Scurred	4890	AM, from the ADDRESS (Street Batter	e causes or et, city or town,	nd on the	dote stot	deceased ded abave. DATE SIGNED
220. BURIAL, CREMATIC Burial Tra	nsit 8-13		22c. NAME OF CEMETER Greenwoo	7			n (City. town,		India	Stote)
23. FUNERAL DIRECTOR ROBERT A		Y,	Bethesda,	Md.		UG 1 7 '59		ISTRAR'S SIC	4 4	

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	mass queriss ofte A Markette	
	Greenwood Genevery Reston Dounc	
		RODERT A. PRICE EX.

er death. Page 4

0929

may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by we funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

NTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL O VS A15 (4) ISM 9/55

D. 1.00 OC DOLLEY	Item 9	F118G241	8-28-59 et	N N	eg. Dist. No.
, PLACE OF DEATH			2. USUAL RESIDENCE (When	deceased lived. If institutions	Sasidence before admission)
o. COUNTY MOON GOV	novy	MARYLAND	o. STATE	b. COUNTY	averall
b. CITY OR TOWN (If autside carporale limit	s, write c. LENGT	H OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RUR	AL and give nearest town)
RURAL and give nearest town)	1 3	31-05	110	7	0 0/ 0
Coc reway		mos	00 €	iminite	1, 06X-4
d. NAME OF HOSPITAL (If not in haspitol, gi OR INSTITUTION	ive street oddress)		d. STREET ADDRESS	0 #4	e. IS RESIDENCE ON A FARM?
				C 71 /	YES NO [2]
NAME OF Fire	st ,	Middle	/Opt	. DATE Manth	Day Yeor
DECEASED (Type or print)	unia	Tenne	ssee Yowers	DEATH	21 195
SEX   6. COLOR OR RACE	7. MARRIED THE	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years (IP	NOTER 1 YEAR IF UNDER 24 HRS
Fem Coul	WIDOWED [7]	DIVORCED [7	1) Puta 18	9/67 (st birthdor) N	Conths Days Hours Min.
a. USUAL OCCUPATION (Give kind of work d			STRY 11 BIRTHPLACE (State of	T	12. CITIZEN OF WHAT COUNTI
during most of working life, even if retired)	IOB. KIND OF	BOSINESS OR HADO	STRT THY BIRTHY DAGE (SIGNE OF	oreign country)	12. CHIZZIN OF WHAT COUNT
1700 Semple	-		Vina	inia	u.d.
FATHER'S NAME	1		14. MOTHER'S MAIDENLAN	ME	1161
clinu (o	unt.	7	6/130	abeth o	utherlan
. WAS DECEASED EVER IN U. S. ARMED FORG		CURITY NO. 17.	NFORMANT	Address	-11, 01.
(ii yes, give way or agree or se	in i		Lucille 15	ell 5047	- letelier Kochun
18. CAUSE OF DEATH [Enter only one con	use pen line for (o).	(b), and (c), ]	100		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Care		al De	222	OHSET AND DEATH
IMMEDIATE CAUSE (a)		momo	of ranci	reas	· 4 mo
15 /X DUE TO			0		1/2011 12:30.11
Conditions, if any, which ) (b)					
gave rise to immediate cause (a), stating the under-					
lying cause lost. (c)	)				
PART 11. OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
					YES NO
200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOV	W INJURY OCCURRE	D. (Enter nature of injury in Po	rt I or Part II of item 18.)	
PART II. OTHER SIGNIFICANT CONE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20d. INJURY OC	CURRED 20e PI	ACE OF INJURY (Home, form,	20f (City or town)	(Caunty) (State
				(en) or rown)	[21016
		wilde	ctory, street, office bldg., etc.)		
	While Not of work □ at we	wilde	ctory, street, office bldg., etc.)		
	of work at w		ctory, street, office bldg., etc.)	up 2/ 1959	hat I last saw the deceas
20c. TIME OF INJURY Month, Day, Yea Haur a.m. p. m. 19	deceased fram	gely	tory, street, office bldg., etc.)	7	hat I last saw the deceas
20c. TIME OF INJURY Month, Day, Year Haur a. m., p. m. 19 21. I certify that I attended the	deceased fram		tory, street, office bldg., etc.)  1959, ta O	7	hat I last saw the deceas
20c. TIME OF INJURY Month, Day, Year Haur a.m., p. m. 19 21. I certify that I attended the alive an	deceased fram	gely	tory, street, office bldg., etc.)  1959, ta O	M, fram the causes and	hat I last saw the deceas
20c. TIME OF INJURY Month, Day, Year Haur a.m., p. m. 19 21. I certify that I attended the alive an	deceased fram	gely	tory, street, office bldg., etc.)  1959, ta O	M, fram the causes and	hat I last saw the deceas
20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 21. I certify that I attended the alive an ACTUAL SIGNATURE PHYSICIAN'S	deceased fram	gely	tory, street, office bldg., etc.)  1959, ta O	M, fram the causes and	hat I last saw the deceas
20c. TIME OF INJURY Month, Day, Year Haur a. m. 19  21. I certify that I attended the alive an ACTUAL SIGNATURE PHYSICIAN'S HAME (Type) / Leyman	deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	and that death	n occurred at 30 A	M, from the causes and poperss (Spreet, city or town, shows MILL)	hat I last saw the deceas I an the date stated above te) DATE SIGN
20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19  21. I certify that I attended the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ACTUAL STRANGE (Type) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ACTUAL STRANGE	deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	and that death	n occurred at 130A  M.D. 809 Vic	M, fram the causes and	hat I last saw the deceas I an the date stated above te) DATE SIGN
20c. TIME OF INJURY Month, Day, Year Haur a.m., p. m. 19  21. I certify that I attended the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  2a. BURIAL, CREMATION 22b. DATE THEREO REMOVAL (Specify)  BURIAL CREMATION 22b. DATE THEREO REMOVAL (Specify)	deceased fram  19 97	and that death	n occurred at 30 A	M, from the causes and poperss (Spreet, city or town, shows MILL)	hat I last saw the deceas I an the date stated above (P) DATE SIGN
20c. TIME OF INJURY Month, Day, Year Haur a.m., p. m. 19  21. I certify that I attended the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22c. BURIAL, CREMATION 22b. DATE THEREO REMOVAL (Specify)	deceased from  19 19 19 19 19 19 19 19 19 19 19 19 19 1	and that death	n occurred at 30A  M.D. 809 Vie  R CREMATORY  CORNAL CEM, 2	M, fram the causes and poperss (Street, city or town, step of the course of the causes and popers (Street, city or town, or the cause)  2d. LOCATION (City, town, or the cause)  BY REGISTRAR 24b. REGISTRAR	hat I last saw the deceas I an the date stated above (P) DATE SIGN

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VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9345 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 09307

1. PLACE OF DEATH  o. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (W		If institution, Residence	before admission)
b. CITY OR TOWN (If outside corporate limits, write c/ENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (IF	E . 1.1	its, write RURAL and gi	/
d. NAME OF MOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION	d. STREET ADDRESS	Gary	nerson	6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SUSIE ValindA	Prather	4. DATE OF DEATH	Month	Day Year 1959
S. SEX FEMALE   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	April 10,	1884 9. AGI	A CALL A CONTRACTOR	YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	Mary	or foreign country)	12. CITIZ	L.S.A.
13. FATHER'S NAME HESS Washington	14. MOTHER'S MAIDEN	lin da	Dish	1821
(Yes on as unknown) . (It was now man as detay of secured)	NFORMANT V. W; //iam	Prather	RDZ Ga	ithersbur
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hemarr	hage,		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) DUE TO Hun Enterns	ion	1		3 4rd.
gove rise to immediate couse (a), stating the under-lying couse last.  DUE TO  (c)  The property of the country	sdero	ois		/
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT SENSILITY, IN a win	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING (20). DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in	Port 1 or Port II of i	tem 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to foot work p. m. 19 of work of work	ACE OF INJURY (Home, forr ctory, street, office bldg., etc	m, 20f. (City or tow	n) (Cc	ounty) (Stote)
The transfer of the deceased from the deceased f	occurred of 3 A	M, from the	7	ast saw the deceased
ACTUAL Clive & Jackson,	M.D. RDI, E	ADDRESS (Street, ci	ty or town, stole)  Shung, M	1d-8-1-5
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION, REMOVAL (Specify) 8/5/59 22c. NAME OF CEMETERY O		22d. LOCATION (C	nsville,	(Stote)
23. FUNERAL DIRECTORS SIGNATURE Sundle ROCKVIII.		D BY REGISTRAR	24b. REGISTRAR'S SIG	

TE OF DEATH		2345
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		er og skaf Minne 15 Minn 11 Editor harris (kra 7 ban
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		Christia Destruction (1866)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09308 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Reg. Dist. No. cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY Q. STATE b. COUNTY MARYLAND 10 b. CITY OR TOWN IIf ownide corpor c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate Jimits, write RURAL and give nearest town) and give nearest towe 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF First Middle DATE Day Month Year DECEASED OF (Type or print) DEATH 19.5 0 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF LINDER 24 HRS. Months Days Hours WIDOWED IN DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relified) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housew & 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TILLO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI If yet, give war or dates of service 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)... INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: form 152660 IMMEDIATE CAUSE (o) boriof-fronsit DUE TO with Conditions, if any, which in pencil guolo gove rise to immediate cause DUE TO (a), stoting the underlying cause lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 00 IN PART 1(a) 119. WAS AUTOPSY PERFORMED? YES T NO [ 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) Exom 3 should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (State) While a. m. Not while of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy 🔀, Inspection . Inquiry and find that DIRECTOR: death resulted fram: Natural causes . Accident Suicide . Hamicide . Undetermined cause . 5 ote, he DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded for TO FUNERAL E ASSISTANT MEDICAL EXAMINER 8-11-**EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 1226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) (EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATELIG 1 4 '59 Cathan & Krout 5M 9/55

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ar removal,

VS. A15ME(5) 5M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9347 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09309

2. USUAL RESIDENCE (Where deceased lived. If inst	
a. STATE b. COUR	monta
c. CITY OR TOWN (If outside carporate limits, wri	ite RURAL and give nearest town)
X Betherda	
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1 33/6 Jour Bus	AL RA YES NO P
Price 3 de DATE Mg	hith Day Year
8. DATE OF BIRTH 9. AGE (In year)	IF UNDER TYEAR IF UNDER 24 HRS.
T-11-1934 25m	I. Months Days Hours Min.
ISTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
14. MOTHER'S MAIDEN NAME	1.0
Evalua Bela Tr	42
INFORMANT Addre	18
Heather Prince (muche)	Itun 2
	INTERVAL BETWEEN ONSET AND DEATH
morthur o lacua	tus
	sudde
of in it skull	
NOT RELATED TO THE TERMINAL DISEASE CONDITION O	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
(Enter nature of injury in Part I or Part II of item 18.)	
at thatle	
LACE OF INJURY (Home form, 20f. (City or town)	(County) (State)
LACE OF INJURY (Homer form, ctory, street, office bldg., etc.)  Bathmel	(County) (State)
LACE OF INJURY (Home form, 20f. (City or town) intory, street, office bldg., etc.)  Bathrel Dove, held an Autopsy , Inspection	a monty my
Reme Bethrel	Inquiry A, and find that
pove, held an Autopsy , Inspection uicide , Homicide , Undetermined	Inquiry A, and find that
pove, held an Autopsy , Inspection uicide , Homicide , Undetermined	Inquiry D, and find the cause
pove, held an Autopsy , Inspection , uicide , Homicide , Undetermined	Inquiry D, and find the cause  DATE SIGNED  8-17-53  or county) (State)
Deputy Medical Examiner Crematory Suitland,	Inquiry D, and find the cause  DATE SIGNED  8-17-53  or county) (State)
	c. CITY OR TOWN (If butside carporate limits, writed and the street ADDRESS 33/6 A. DATE Mg OF DEATH Grant STRY 11. BIRTHPLACE (State or fareign country)  14. MOTHER'S MAIDEN NAME  Evely BLATO

THE RESERVE OF THE PROPERTY OF	Street and and The Research of AMILIDIAN STREET, MAKE THE PROPERTY OF THE STREET, AND ASSOCIATION OF THE STREET, AND ASSOCIA
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TAGENTY AND HEAVING

N.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9348 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09310

							Key. Di	. 1401
PLACE OF DEATH o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIG	D.C.	b. COUN		ice before admission)
	(If outside corporate limits, write R	URAL	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside	corporate limits, write	RURAL and	give nearest town)
and give represt tow			7hrs		ashingto		17 x - 3	
Bethe			1	d. STREET AC		4	-/	
	ITAL OR INSTITUTION (IF					NT THE		e. IS RESIDENC
	of Mercy, Ken	dall		1508		., N.W.		YES NO
3. NAME OF -DECEASED (Type or print)	First	Henr	Middle V Reaves	Last	4. DAT		1959	Day Year
5. SEX	Charles			DATE OF NOT				YEAR IF UNDER 24 HE
male		VIDOWED [		Sept 7.	1918	9. AGE (In years lost birthday) 40 yrs.	Months D	lays Hours Min.
		ne 10b. KIN	ID OF BUSINESS OR INDUST			on country)	12 CITEZ	EN OF WHAT COUNT
during most of work	ing life, even if retired)		10 01 003111230 OK 1110031		22 (31016 0) 1016	g., ç.,, //		
labo	rer			Va.			USA	1
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME			
Marshall	Deerros			Lilly	Jones			
	Reaves VER IN U. S. ARMED FORC	FC2   14 CC	CIAL SECURITY NO. 17.	FORMANT	00200	A 44		
(Yes, no, or unknown)	(If yes, give war or dates of sen				2000	Address		200
			Lou	is Reave	sm 1637	llst., N.W.	. Wash.	D.C.
18. CAUSE OF DEA	ATH [Enter only one cause	per line for	(o), (b), ond (c).]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	ATH WAS CAUSED BY:	1179						
110-1	IMMEDIATE CAUSE (o)	Co	ronary occlus	ion				sudden
4-20.1	DUE TO							
Canditions, if	any, which) (b)							11333
gove rise to imme	ediote cause							
(a), stating the	underlying DUE TO							
couse last.	) (c)							
PART II. OT	THER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DIS	EASE CONDITION GI	VEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OT	ONTRIBUTING [	DESCRIBE H	IOW INJURY OCCURRED. (E	nter nature of inju	ry in Port I or Po	rt II of item 18.)		
20c. TIME OF INJU		20d. INJ While of work	_ Not while _ focto	CE OF INJURY (Ho bry, street, office b	me, form, 20f.	(City or town)	(Coun	ity) (State
		f the re	mains described aba	ve held an	Autoney [7]	Inspection +	, Inquiry	(a) and find the
								k, and find th
death resulted	d from: Natural ca	uses ,	Accident, Suid	cide [], Ho	micide,	Undetermined	cause .	
THE RESE	1-	0						
ACTUAL	tra 12 0	10h	-al- A	CHIEF ME	DICAL EXAMINE			DATE SIGNED
SIGNATURE	porcer y	CIVU	vinus	_m.v.		The state of the s		
EXAMINER'S				ASSISTAN	MEDICAL EXAM	EN FE 8/3	/50	
	Frank J. Bros	schart		DEPUTY M	EDICAL EXAMIN	ER T	/59	
220. BURIAL, CREMATION REMOVAL (Specify	ON, 22b. DATE THEREOF	5-4 2	C. NAME OF CEMETERY OR	CREMATORY	224.10	CATION (City, town,	or county)	(Stote)
DIBIAL DISTANCE	DIE SICALATURE		ADDRESS	4		speppe	7	m
23. FUNERAL DIRECTO	KS SIGNATURE	1701	address Vering	no leve 2	40. REC'D BY BE	GISTRAR JAB. REG	ISTRAR'S SIGN	NATURE
Nustre	T morling	un	Hungh	11 7 16/67	DATE S	14.57 JAh	n/1/1	InLors
	7 0 00					7 7/ 070	7-216	
					AUG 6	'59 ° C	Lithur &	K

VS. A15ME(5) 5M 9/55

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. VS. A15ME(5)

VS. A15ME(: 5M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. h PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) Ċ. a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (II outside c. CITY OR TOWN Of outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Month Year DECEASED (Type or print) DEATH 5. SEX 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS Hours WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work does 10b. KIND OF BUSINESS OF INDUSTRY diging most of working life, even if cetired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? TATHER'S MAMEDAVIO 14. MOTHER'S MAIDEN NAMES FRANCES WAS DECEASED EVEN IN B. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 47) INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3. Poplatile IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (g) 19. WAS AUTOPSY PERFORMED? YES 🔽 NO T 20g. EXTERNAL CAUSE WAS PRIMARY To or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) While Not white factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year (County) (State) While Nat while of work of work 10 alce 21. I certify that I taak charge of the remains described above, held an Autapsy 27. Inspection / Inquiry [ and find that death resulted from: Natural causes , Accident X, Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER col. **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) ARLINGTON NAT'L. CEMETERY ARLINGTON, VIRGINIA 8/17/59 BURIAL 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SPRING, MD. Callan & House AUG 1 7 '59 "aymond A Zisk DATE

MEDICAL EXAMINER'S CERTIFICATE DE DEATH Marchan for most freezelle Bellinda Spring Subunbar Horadas 12104 Grandon Eller John D Reas 8 12. 12 12. 18. 19.3.3 26 6 Mass White inerman A Polemac Perus & Mid. 11.5% yes leading to -- Jam Reso hile. 

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funeral director,

death. Page 4

may be retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove corban pages, I and 2 should be permit. Then please remove corban poper in any event within 72 haurs ofter death. removol

TENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours the registror prior to burial, cremotian, or VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9349 **CERTIFICATE OF DEATH** 

8 (19312) Reg. Dist. No. 215

1. PLACE OF DEATH a. COUNTY Montgome:	M 3/2	MARYLAND	2. USUAL RESIDENCE a, STATE Maryland	(Where deceased	b. COUNTY			odmission)
	(If outside corporate limits, write negrest town)	c. CITY OR TOWN Bethesda	(If outside carpor		RURAL and (		it tawn)	
OR INSTITUTION	TTAL (If not in hospital, give stre Val Hospital	325 days	d. STREET ADDRESS	s Vista F	load			IS RESIDENCE ON A FARM? (ES NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Moi		Day	Year
(Type or print)	Carl	Terry	REINICHE	DEATH	Augu	_	21	19 59
s. sex Måle	Caurasian WIDO	RRIED NEVER MARRIED X	8. DATE OF BIRTH 12-29-56		<ol> <li>AGE (In years last birthday)</li> <li>yrs.</li> </ol>	Months		UNDER 24 HRS
10a. USUAL OCCUPAT during most of we None	ION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (S		ountry)		S.A.	HAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME				
Harvey T	erry REINICHE		Lois LI	VESAY				
	ER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	INFORMANT		Add	Iress		
No_	(If yes, give wor or dates of service)	None (	F) Harvey T.	Reinich	e, same	as #2	abov	7e.
	EATH [Enter only one cause per EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		e) aner	nia	)		INTERV	AL BETWEEN AND DEATH
Conditions, if gove rise to cause (a), stating lying cause last	g the under-	S CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TE	FRMINAL DISEASE	CONDITION GI	VEN IN PAR	T 1(a) 19.	WAS AUTOPSY
PART II. O							1	PERFORMED?
	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury	in Part I or Port	II of item 1B.)			
20c. TIME OF INJL Hour a. m p. m.	. Nhi		PLACE OF INJURY (Hame, ractary, street, office bldg.,	farm, 20f. (City etc.)	or town)	(0	County)	(Stote
21. I certify alive an Aug  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Howard	59, and that dea	th accurred at 7:5	5AM, fram ADDRESS (St	the causes ar reet, city or town, spital	nd an the	date st	
220. BURIAL, CREMATI REMOVAL (Specif Burial	ON, 22b. DATE THEREOF	Arlington N		22d. LOCAT	ION (City, town,	or county)	Vir	(Stote) ginia
23 UNIFRAL DIRECTO		ADDRESS		REC'D BY REGIST		ISTRAR'S SIG		
WITA FIVITA	ey Funeral Home	, Bethesda, Md	• DATE	AUG 2 4 '5	9 0	thun S.	thomas	

M

### CERTIFICATE OF DEATH

09313

0000	CERTIFICA	IL OF DEAT			Reg. Dist.	No.	
n. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	o. STATE Maryla			n: Residence t		on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	Bethes		JRAL ond give	nearest town	
d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION  Suburban	ddréss)	d. STREET ADDRESS,		ndale	St.	e. IS RESI ON A YES	FARM?
NAME OF First DECEASED (Type or print) Robert 2	Middle	Last	4. DATE OF DEATH	Mont		70.4	eor 9 5
Ito ber va		Riley DATE OF BIRTH 8/14/70		Aug AGE (In years lost birthday) 89 yrs.	IF UNDER 1 Y	EAR IF UNDE	-
Da. USUAL OCCUPATION (Give kind of work done 10b. K			e or foreign coun	try)		J.S	OUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN					
XXXXXX Henson Ri	icketts	Max	rtha <b>EXE</b>	LTES LEX	X Carl	ysle	
S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S (If yes, no, or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. INF	Helew A	aheeta	Boo	lmes	-da	who
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse lost</u> .  PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIVI	EN IN PART 1(	a) 19. WAS A PERFOI	RMED?
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Port II	of item 18.)			1
Oc. TIME OF INJURY Month, Doy, Year 20d. IN. Hour a. m. While at wark	Not while foctor	E OF INJURY (Home, for ry, street, office bldg., et	m, 20f. (City or	town)	(Cour	nty)	(Stot
21. I certify that I attended the decease alive an 190 ACTUAL SIGNATURE	d from y 44 - 21 7 and that death of	7. 1949, to accurred at 12.	M, from the	e causes and		ate stated	
PHYSICIAN'S WILLIAM CO. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C	Manual Ma	22d. LOCATION	N (City, ton, o	r county)	(State	)
Burial 8/18/59	Darnestown	Cem.	Darne	stown.	Mary	land	
FUNERAL DIRECTOR'S SIGNATURE	- Bethesda,	Md	O BY REGISTRA	R 24b. REGIS	TRAR'S SIGNA	ATURE	

VS A1S (4) 15M 9/58

at which I always an arrest estrosia manel kattei C Caremona of stoward Moupour 2-Breefer aveil Guitherslong, WILLIAM C. MILLER 10 11 10 20 10 20 11 .bk .nbdadapt ....

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oges 1	

death. Poge 4

moy be retoined by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 pages death.

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. TO HOSPITAL OF VS A15 (4) 15M 9/5B

9	233	CERTITICA	AIL OF BLATTI		Reg. Dist. Na.	
1. PLACE OF DEATH a. COUNTY Montg	omery	MARYLAND	2. USUAL RESIDENCE (Where dece	ased lived. If institution: b. COUNTY M	Residence before admission tontgomery	n)
b. CITY OR TOWN (If autside RURAL and give nearest taw	carporate limits, write (n)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporate limits, write RUR		
d. NAME OF HOSPITAL (IF not OR INSTITUTION CONGRESSIONAL		4 months ddress) nitarium	d. STREET ADDRESS	Branch Ro	e. IS RESID ON A F	ARM?
3. NAME OF DECEASED (Type or print)	o hay	STO ph	PAN PIAKOD DEA	TE Manth	Day Ye	ear
	OR OR RACE 7. MARRI	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12/28/83		FUNDER 1 YEAR IF UNDER Manths Days Haurs	24 HRS Min.
10a. USUAL OCCUPATION (Give	man of and in the	MATL MAN	STRY 11. BIRTHPLACE (State or foreign PENNSYLVAN)		12. CITIZEN OF WHAT CO	UNTRY
3. FATHER'S NAME ALVIN R	INKER		14. MOTHER'S MAIDEN NAME ELLAMAND	FRACK		
15. WAS DECEASED EVER IN U. S (Yes. 90 of unknown) (If yes, give	i. ARMED FORCES? 16. S war or dates of service)		nformant Sanitarium Reco	Addres	15	
18. CAUSE OF DEATH [Entrement   PART I. DEATH WAS IMMEDIA   PART I. DEATH WAS IMMEDIA	CAUSED BY: ATE CAUSE (a) DUE TO	e for (0), (b), and (c).]. your deal teis sclass	Failure te Hear I	leslane	INTERVAL BETV	
cause (a), stating the <u>unde</u> lying cause last.		Penhalise ONTRIBUTING TO DEAD BUT	a de de de de la color related to the terminal dis	EASE CONDITION GIVEN	N IN PART I(a) 19. WAS AU PERFORM	MED?
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar	Part II af item 1B.)	FILE	
20c. TIME OF INJURY Manth Haur a. m. p. m.	h, Day, Year 20d. IN While at wark	Nat while fa	ACE OF INJURY (Hame, farm, 20f. (ctary, street, affice bldg., etc.)	City ar tawn)	(Caunty)	(State
21. I certify that I at alive on	26 , 19 3 MIN ISAA	a a com	M.D. 2) 33 Alaska	im the causes and s (Street, city or town, sto	nwish, D	
BUTTY (Specify)	0/2/59	GREENWOOD	021111111111111111111111111111111111111	HAWERTOWN,		
23. FUNERAL DIRECTOR'S SIGNA	vari Jons	ADDRESS Pa. 9	DATEAUG 3 1		RAR'S SIGNATURE	

Building Are MALE BUILDING al topone much strategic advisit a

VS A15 (4)

ISM 9/58

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# 9351 PARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

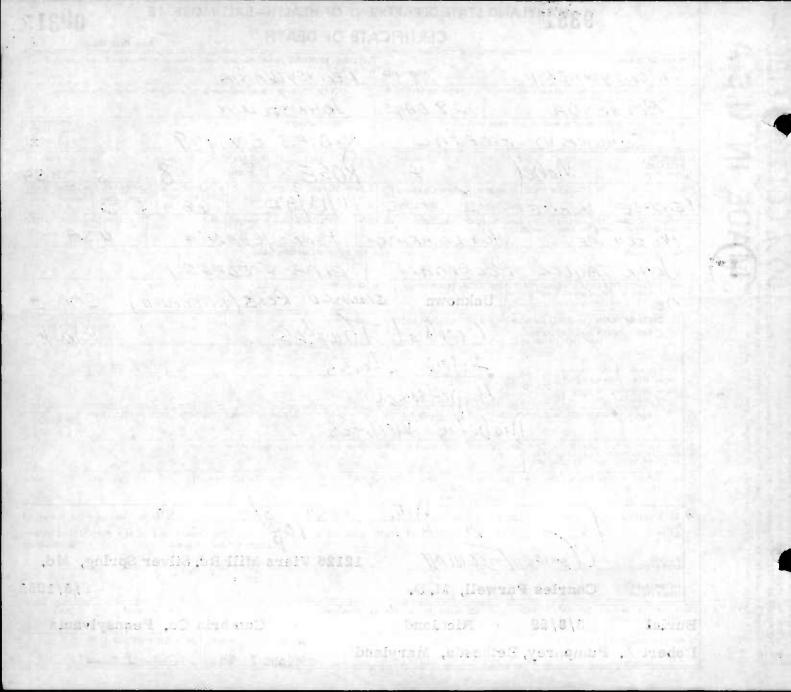
09315

			CERTIFICA	ATE OF DEATH		Reg. D	ist. No.	
	PLACE OF DEATH a. COUNTY ALONT 90	MERY	MARYLAND	2. USUAL RESIDENCE (WHO STATE		If institution: Reside COUNTY	nce befare admissi	ion)
	b. CITY OR TOWN (If our RURAL and give neares	tside carporate limits, write st tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		its, write RURAL and	give nearest town	)
	d. NAME OF HOSPITAL ( OR INSTITUTION SUBUL	If not in haspital, give street	0.001	d. STREET ADDRESS R.D. #13	BOX 1	79		DENCE FARM? NO
	NAME OF DECEASED (Type or print)	Mabel	Middle	ROSE	4. DATE OF DEATH	Month 8		rear 19 5 3
F-	EMALE	INHITE WIDOW	/ED DIVORCED	8. DATE OF FIRTH /92	last 6	(In years IF UNDE birthday) Manths yrs.	Days Haurs	R 24 HRS. Min.
	HOUSEWIF	life, even if refired)	KIND OF BUSINESS OR INDU	PENNSY	KURNI	12.01	USA	OUNTRY?
	SOLLN TA	Aylor Pe	CRMAN	14. MOTHER'S MAIDEN A	FREDRE	54		
	WAS DECEASED EVER IN (If yes	a give war or dates of service)		NFORMANT WWW.PRD RO	SE (HUS	(Address SBAND)	5000	った
	PART I. DEATH Y	[Enter anly ane cause per I WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO	100 for (a), (b), and (c).]  100 100 100 100 100 100 100 100 100 10	Threnbois	Hind		INTERVAL BE ONSET AND	DEATH
z	Canditians, if any, gave rise to imme cause (a), stating the lying cause last.	under- DUE TO	Hyperteasion	NOT BELATED TO THE TEDMI	NAI DISEASE CONID	NITION GIVEN IN PA	TIGN 10 WAS	ALITOPSY
CATION		1)16	befres Mell	1725			PERFO	RMED?
L CERTIF	20a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in I	Part I ar Part II af it	em 18.)		
MEDICAL	20c. TIME OF INJURY / Haur a. m. p. m.	Manth, Day, Year 20d. 19 While at wa	Nat while fac	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		n)	(Caunty)	(State)
	21. I certify that alive an	attended the decea 5, 19, 19	5), and that death	occurred at 105 M.D12126 Viers	M, fram the co	y or town, state)	e date stated	above. E SIGNED
	PHYSICIAN'S NAME (Type)	Charles Farv	vell, M.D.				8/5/	1959
220 B	REMOVAL (Specify)	22b. DATE THEREOF 8/8/59	22c. NAME OF CEMETERY O	R CREMATORY		ity, town, or county) Co. Pen	nsylvani	,
	obert A. Pi		ADDRESS hesda, Maryla	nd		24b. REGISTRAR'S S	GNATURE	

DATE AUG 7

59

Circling & House



death. Poge 4

VS A15 (4) 15M 9/58

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9352

**CERTIFICATE OF DEATH** 

09316 Reg. Dist. No. 215

a.	COUNTY Montgomer	У		MARYL		USUAL RESI		here deceased	l lived. If institu b. COUNT MON			e admiss	sian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn)  Bethesda (Rural)  18 days					IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)						n)	
						Montg	omery	7	that	2 x	3		
d	NAME OF HOSPI	TAL (If not in hospital, g	ive street			d. STREET	ADDRESS					e. IS RES	IDENCE FARM?
		al Hospital				1426	Good	Street					NO 💢
D	AME OF ECEASED (ype or print)	Theod		Rooseve	lt	ROWEI		4. DATE OF DEATH	Aug	onth	Doi		Year 19 59
5. SI	X	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D [] B. D	ATE OF BIRT	Н		9. AGE (In year	IF UND	ER 1 YEAR		
M	ale	Negro	WIDOW			12-10	-18		last birthday)		Days	Haurs	Min.
00 40	USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OF	R INDUSTRY			e or fareign co	iuntry)	12.C	ITIZEN OF	WHAT	OUNTRY
	during most of wor Mariner	king life, even if retired		U. S. Navy			laban	ng			U.S.A	1	
	ATHER'S NAME			U. D. Havy	1	4. MOTHER'S					0.0.1	3.0	
	John Wesl	ey ROWELL				Tecci	e D	COGBOR	N				
		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	E D.	COORDOR		ldress			
		(If yes, give war or dates of s	ervice)	19-18-8482	Hos	pital	Recor	rds			215		
7	Canditians, if a gave rise to i cause (a), staling lying cause lost.	mmediate the under-	Ci	patoma rrhosis, li							ur	nkno	
CERTIFICATION	PART II. OII	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BOL NO	I KELATED TO	) IME IEKW	AINAL DISEASI	CONDITION G	IVEN IN P	AKI I(a)	PERFC	RMED?
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter nature	of injury in	Part I ar Part	Il af item 1B.)				
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Yes	While	NJURY OCCURRED  Not while at work	20e. PLACE factory	OF INJURY , street, affic	(Hame, fari e bldg., et	m, 20f. (City	or town)		(Caunty)		(State)
	actual SIGNATURE PHYSICIAN'S NAME (Type)	BHRice B. H. RICE	., 19		death oo	U. Sett	2:00/ S. Nav	AM, fram ADDRESS (SI VAL HOS 14, Ma	reet, city or tow pital ryland	ind an t	he date	stated DAT 3-20	abave signed
Bu	rial-Ship	ment 0-22-	59	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCAT	TION (City, town	, or county		(Sto	te)
23. F	UNERAL DIRECTOR	'S SIGNATUREP J.	KI	ADDRESS			24a. REC	D BY REGIST	The state of the s	SISTRAR'S	SIGNATUR	RE	
W.	W.Chamber	s & Co., 1	+00 C	hapin St.NV	V, Wash	. DC	DATE	AUG 2 4	'59	arthur	1 S. Th	AUA	

		DATE OF THE PARTY	
311 115		ADDITED!	
	and the second	H. (B)	
	Cales of make		Josephan (Home)
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	ALCOHOL: N. C. L. C.	di verel i sa	Sets
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	opt wit Records.	R STATE OF	
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	Schools it. Michigan	Tr. W., Usa	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09317

#### CERTIFICATE OF DEATH 9353

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEAS	SED /					
COUNTY MONTGOMERY	MARYLAND	STATE COUNTY						
CTTY (If outside corporate limits, write RURAL OR and give naerest town)	(in this place)	CITY (If outside corporate limits, write RURAL and give of OR	neerest town)					
TOWN SANDY SPRING	9 months	TOWN WASHINGTON. D. C.	117 3					
HOSPITAL OR		STREET (If rural give location	n)					
STREET ADDRESS SHARON NURSING HO	ME	ADDRESS 1644 MICHIGAN AVE.,						
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Yaar)					
(Type or Print) ELVINA CLARISS	A RUMBAUGH	DEATH AUGUS	T 12 19 59					
5. SEX   6. COLOR OR   7. SINGLE, MAR			DER 1 YEAR JIF UNDER 24 HRS.					
RACE WIDOWED, D	IVORCED,	Month						
FEMALE WHITE (Specify) WI	DOWED   MAY 1	, 1882 77 yrs.	100,5					
10a. USUAL OCCUPATION (Give kind of work 10b. K	ND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT					
(boston	R INDUSTRY		COUNTRY?					
nomemaker (reta) Own	Home	PENNSYLVANIA	U. S. A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
JACOB OBEDIAH BECK		HARRIET NOLF						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS (N.E.	,WASHINGTON,DC					
(Yes, no, or unk.) (If Yas, give war or detas of servica)								
NO	NONE	MRS. FRED L. THOMAS, 1644	MICHIGAN AVE.,					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH					
1 DISEASES ON CONDITIONS DIRECTED READING TO SEAT	1 74 -		ONSEI AND DEATH					
33 L/ X IMMEDIATE CAUSE [A]	very he	mphlese	Jodan					
ANTECEDENT CAUSE(S) DUE TO	AU _		1					
DISEASES OR CONDITIONS, IF ANY, (8)	uno or	allipain	years					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO								
(C)			0					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,								
19e. DATE OF OPERATION 19b. MAJOR FINDING	OF OBERATION							
176. DATE OF OFERATION	OF OPERATION		20. AUTOPSY?					
21e. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Ho	me, ferm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (C						
	office bldg., etc.)	(C	ounty) (Stele)					
		21f. HOW DID INJURY OCCUR?						
	work Hot while							
	7/7/	10 1-9 8/12/ 10						
	, ,	, 19.57, to 7/19, 19.57, that						
	d that death occurred at		ated above.					
SIGNATURE / /		ADDRESS (Street, city, town, stata)	DATE SIGNED					
11112.	M. D.	Sando Ham mi	1 0/11/00					
23. BURIAL, CREMATION,   DATE THEREOF	NAME OF CEMETERY OR	CREMATORY   COCATION (gity, town, or cou	aty) 8/14/5/					
REMOVAL (SPECIFY)		peochitor (pily, lowli, or cou	my, / (State)					
BURIAL AUGUST 15,1		ETERY BETHEL, CRAWFOR	D CO., PA.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS					
DATE AUG 1 4 '59 Tithing & Krous		WARNER E. PUMPHREY, INC., SILV	ER SPRING, MD.					
DATE AUG 1 4 58 STribuy & Krays		trainorda, Zinka						

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Reg. Dist. No.

	1.	PLACE OF DEATH  O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
\		Den 100 meny	o. STATE ATT AND AND B. COUNTY
1		b. CITY OR TOWN (If outside co-porate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
1-	-	Takema Jakk 9 days	1x Burtons ville
uga.	7	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION	d. STREET ADDRESS
5	У	Ashington Sanitarium & Hospita	ON A FARM? YES NO
	3.	NAME OF ( ) First / Middle	Last a 4. DATE Month Day Year
		(Type or print) Margherala (NMV)	Santini DEATH QUEUSI 9 1959
	5. 5	William Minister	B. DATE OF BIRTH  9. AGE (In yours) IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
	14	-emale White WIDOWED DIVORCED	10-22-76 82. yn.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS dyring most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	1	touse-wite.	1-12/11
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
		John Maschio	1/1/2/13
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	YORMAN'T Address
A	_	/10 - /	Tospila Mecords.
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	roter syndrome ?
		332X DUE TO	
		Conditions, if any, which (b) (b)	a Ihromboros - 10 day
		gove rise to immediate cause (a), stating the under-	0 . ( 1+ 7-1
	_	lying couse last. (c)	cleross - sendely years
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	Š		YES NO TO
	CERTIF	206. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I ar Part II of item 18.)
	×		ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
	MEDIC		tory, street, office bldg., etc.)
		21. I certify that I attended the deceased from July	0, 1959, to Ding 9, 1959, that I last saw the deceased
			occurred at 25 h. M. from the causes and an the date stated abave.
		~ 0 0 0 ° 0	ADDRESS (Street, city or lown, state)  DATE SIGNED
		SIGNATURE SIGNATURE 6. Junes	40 918 Elloworth Likeve
1		211/1-1	0.0
		PHYSICIAN'S Philip E. Johes	Selver Spring md.
	100	REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, occupanty) (State)
	23	EUNIBRAV DIRECTOR'S SIGNATURE, ADDRESS W. Jacob	12. D 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	K	Sustan Daller 254 Com S- NI	DATE AUG 11 59
-	4	1 Jan Market Million.	( DATE -

may be retoin by the hospitol or attending physicion.

TO FUNERAL CONTROL PARTER THIS certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours VS A15 (4) 15M 9/55

er death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9354

#### **CERTIFICATE OF DEATH**

09319

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  MONTGOM	ERY		MAR	YLAND 2	o. STATE		ere deceased	lived. If institute b. COUNTY			e admis	sion)
b. CITY OR TOWN (III RURAL ond give ne	outside corporate lim orest town)	its, write	c. LENGTH OF STAT	IN 1b	c. CITY OR T			ote limits, write	The second second		rest tow	n)
d. NAME OF HOSPIT, OR INSTITUTION MONTGOMERY	AL (If not in hospital, g		oddress)		d. STREET AL						ONA	FARM?
3. NAME OF DECEASED (Type or print)	fi	nt A M	Middle		lost		4. DATE OF	Мо	nth	Day	,	Yeor
5. 5EX	6. COLOR OR RACE	-	IED X NEVER MARR		SARG DATE OF BIRTH		DEATH	9. AGE (In years lost birthdoy)		RIYEAR	IF UND	19 59 ER 24 HRS.
MALE	WHITE	WIDOWE	DIVORCE	ED 🔲	1/11/8	9	- 1 - 3	70 yrs	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO during most of work ARTIST 13. FATHER'S NAME	N (Give kind of work ing life, even if retired	done 10b.	101-17	ing	M	ASS.		untry)		SA	F WHAT	COUNTRY
	HENRY SAR	GENT		1	14. MOTHER'S							
15. WAS DECEASED EVER		CE57 16.	SOCIAL SECURITY NO		DRMANT		LEN CO	Add	dress			
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	ne for (o), (b), and (c)		MOCE	KECO	ros, o	INEY, M	laren		RVAL BE	TWEEN
4-20.1 Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	nmediote (	CE	Diona	ny .	The	Oni	ba.	ses l			50	lang
IV CALL	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	Epho Epho	or related to	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 19	PERFC	AUTOPSY PRMED?
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	ocquered.	Enter nature of	injury in P	ort I or Part	II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	or 20d. IN While of work	Not while of work	20e. PLACE factor	OF INJURY (H y, street, office	lome, form, bldg., etc.	20f. (City	ar town)		(County)		(Stote)
ACTUAL SIGNATURE	Charle C. S. WHIT	., 18 <u>5</u>	Musa	deoth of	Clu	respon	ADDRESS (5tr	the causes of the cause of the cau	ond an i	last sa	e state	deceased abave ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEM	ETERY OR C				MARYLAN ON (City, town.		Level	(Stot	e) YMA
23. FUNERAL DIRECTOR'S	SIGNATURE .	B	ADDRESS LOL	ille,	THE	240. REC'D	BY REGISTR	17 10 11 11 11 11 11 11	STRAR'S SI	,		, , , ,

TO FUNERAL DIR VS A15 (4) 15M 10/57

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LITE MATVERS	9	WATER OF	
			LESS S

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# 9355

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09220

		U	J	J	4	ŧ,
Reg.	Dist.	No.				

1. PLACE OF		MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased lived. yland	COLINITY	ntgomery
and giv	R TOWN   f outside corporate limits, write RURAL re nearest town   ethesda	c. LENGTH OF STAY IN 16  9 years	11	(If autside corporate lin	nits, write RURAL and	give nearest tawn)
	OF HOSPITAL OR INSTITUTION (If not in Aberdeen Road	hospital, give street address)	/d. STREET ADDRESS 5710 A	Aberdeen l	Road	o. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASE (Type or p	D	Middle A	Sayre	4. DATE OF DEATH	Month Aug.	Day Year 13, 1959
5. SEX Male	W 79	RRIED NEVER MARRIED 8		907 9. AGE	th doub	TYEAR IF UNDER 24 HRS. Days Hours Min.
ECON.		Gov t	PRY 11. SIRTHPLACE (SIGNAL DELAWAY	re	1	ZEN OF WHAT COUNTRY?  J. S.
	thur Sayre		Unknow	n		
15. WAS DE	CEASED EVER IN U. S. ARMED FORCES?	• •	mund Near	y - Frien	Address	
Canditi gave ris (a), sta	ISE OF DEATH [Enter only one cause per ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO ions, if any, which se to immediate cause triing the underlying lost.  PART II. OTHER SIGNIFICANT CONDITION	Coron	ary Occlus		TION GIVEN IN PART	Found dead on Kitchen floor.
PRIMARY CAUSE O	OF DEATH.  RE OF INJURY Month, Day, Year 2.	CRIBE HOW INJURY OCCURRED. (E  Od. INJURY OCCURRED  Vhile Not while t work of work	nter nature of injury in P CE OF INJURY (Home, fa pry, street, affice bldg., e	irm, i 20f. (City or town		PERFORMED? YES NO R
	NER'S TODANIE T DOO		cide, Homicide	de 🔲, Undeterr	mined cause 🗍	y 3, ond find that  DATE SIGNED  Aug. 13,195
220. BURIAL, REMOVA Bur. Tr	CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR E. Ridgelawn (	CREMATORY Cemetery	22d. LOCATION (CI		
Robert		thesda 14, Mar		AUG 1 7 '59	Cirthun .	

VS. A15ME(S) 5M 9/55

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	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
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Ballie . ma	X STATE OF BUILDINGS		THE ROLL OF A PARTY CONTACT
		Engli	CACHE SHAW AT SEA

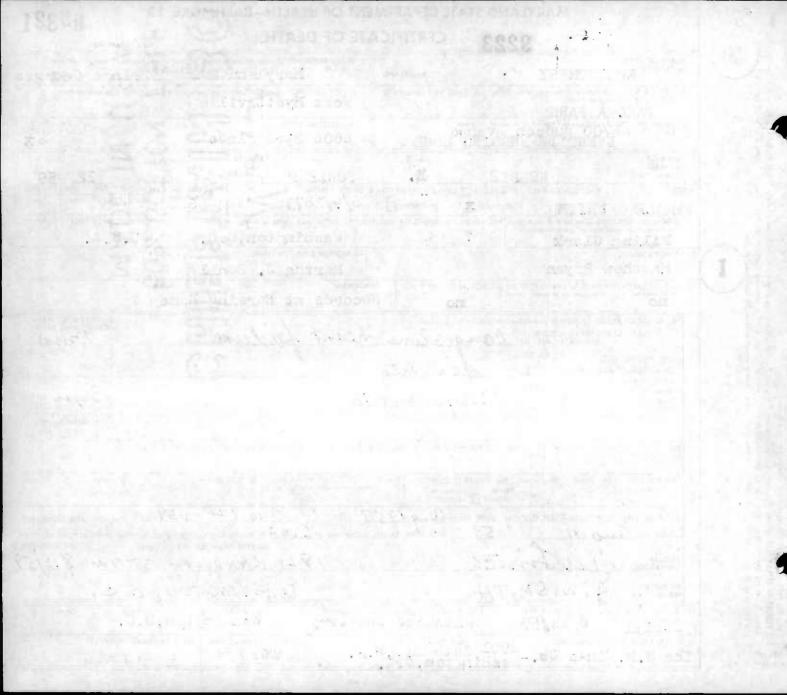
	9223	CERTIFICA	ATE OF DEAT	li e	Reg. Dist. I	No.
o. COUNTY MONTG	OMERY	MARYLAND	CTATE	vhere deceased lived. If inspect of the property of the proper		efore admission) ve George
RURAL ond give nearest	PARK	. LENGTH OF STAY IN 16	West Hya	outside corporate limits, was ttsville	rite RURAL and give	nearest fown)
d. NAME OF HOSPITAL (I OR INSTITUTION OF	o"Hudson Ave NTIDE NURSI	nue NG HOME	d. STREET ADDRESS 6606 23r	d Place		IS RESIDENCE     ON A FARM?     YES    NO
NAME OF DECEASED (Type or print)	First NELLIE	Middle	SCHLERF	4. DATE OF DEATH	Month 8	12 159
	COLOR OR RACE 7. MARRIED WIDOWED		8. DATE OF BIRTH 6/9/1873	9. AGE (In y low birtho	years IF UNDER 1 YE doy) Months Day	YS Hours Min.
Filing C		OF BUSINESS OR INDUS	Washing	ton,D.C.	U.S.	A.
3. FATHER'S NAME  Matthew I	Bryan	,	Martha	J. Beall	62	
	U. S. ARMED FORCES?  16. SO  give war or dates of service)		records at	Nursing Ho	Address Me	
Conditions, if ony, gove rise to imme couse (o), stoting the lying couse lost.  PART II. OTHER S	diote ( DUE TO	Senility Myocards NTRIBUTING TO DEATH BUT	too" NOT RELATED TO THE TERM	MINAL DISEASE CONDITION	N GIVEN IN PART 1(d	3 yrs
PART II. OTHER S  200. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED	NDERLYING TO 20b. DESCRI CAUSE OF DEATH VICAL EXAMINER)	BE HOW INJURY OCCURRED	D. (Enter noture of injury in	n Port I or Port II of item 1E	3.)	
20c. TIME OF INJURY A Hour o. m. p. m.	Aonth, Doy, Year 20d. INJU While of work [	_ Not while foo	ACE OF INJURY (Home, far tory, street, office bldg., e	rm, 20f. (City or town)	(Cour	nty) (Stote
21. I certify that I alive an Actual SIGNATURE	attended the deceased 11 1955	4	7 , 19 , ta 6 occurred at 6,00 occurred	AM, fram the cause: ADDRESS (Street, city or the RANDULP)	s and an the d	DATE SIGNE
PHYSICIAN'S NAME (Type)	W. SMITH			ASHING-TO	4	
Burial	8/14/59	Glenwood C	emetery	Washing to		(Stote)
The S.H. Hir	nes Co. Washi	Lith St. N	. W . 24a. REG	UG 1 3 '59 246.	Culling S. H	

death. Page 4 e funeral director TO HOSPITAL CONTINUED TO STREET OF THE HOSPITAL OF THE FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direcTO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director of the contract of the contrac

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

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TO HOSPITAL C VS A15 (4) 15M 9/5B



24b. REGISTRAR'S SIGNATURE

Orthur S. Krous

24g. REC'D BY REGISTRAR

DATE SEP

funeral director, ruld be filed with shauld 22

executed within 24 haurs

ond .5 filled completely haspitol ar attending physicion.
After this certificate has been signed hed for use as the burial-transit permi

may be retained by the harmony be retained by page 3 should be detach the registror prior to buri VS A15 (4) 15M 9/5B

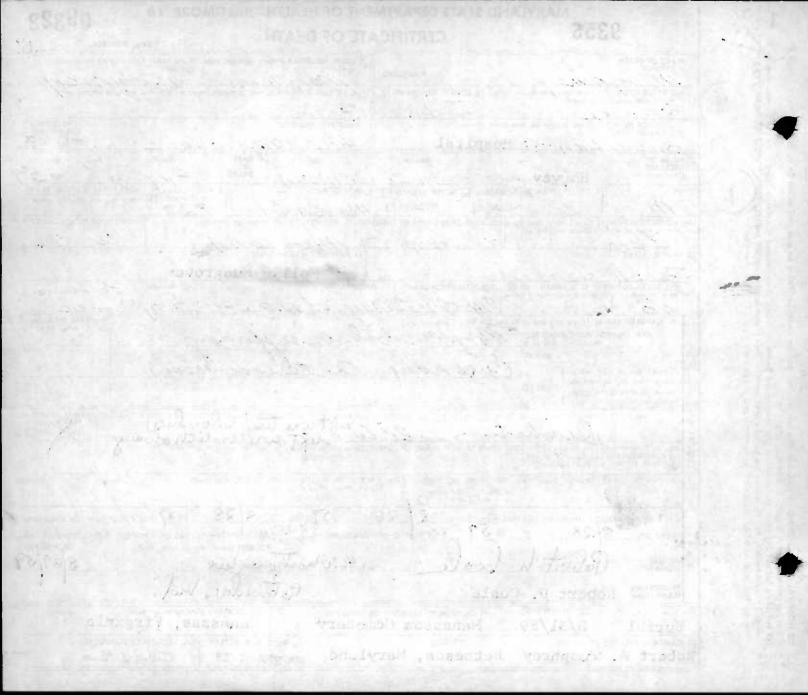
9356		CERTIFICA	ATE OF DEATH			Reg. Dist		
PLACE OF DEATH o. COUNTY  Management		MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased l	ived. If institution b. COUNTY	on: Residence	before admis	sion)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	utside corporot	te limits, write RI	JRAL one gi	ve nearest tow	M
d. NAME OF HOSPITAL (If nat in hospite OR INSTITUTION			d. STREET ADDRESS	in al	1		ON /	SIDENCE A FARM?
NAME OF DECEASED	First	Middle Middle	Last	4. DATE	Mon	th	Day	Year
(Type or print) Harvey	11	Breiver	Schwarts	DEATH	Au	0 9	78	190
SEX 6. CÓLOR OR RA	VIDOWED	DIVORCED DIVORCED	B. DATE OF BIRTH 3	9.	AGE (In years/ lost birthdoy) 7 2 yrs.		YEAR IF UND Days Hours	
o. USUAL OCCUPATION (Give kind of working most of working life, even if ret	red) 10b. K	IND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State of	or foreign coul	ntry)	12. CITIZ	EN OF WHAT	COUNTRY?
FATHER'S NAME	V	ray - gyras	14. MOTHER'S MATDEN N	AME				
Toseph Schu	raxtz		/ Mollie	Muss	grove	. 6		
. WAS DECEASED EVER IN U. S. ARMED (If yes, give wor or date	of service)	0CIAL SECURITY NO.	Nary Schwan	4 480	Addr 2 Han	ess I	Lone	de
18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED I IMMEDIATE CAUSED IN THE PART I. DUE Conditions, if only, which gove rise to immediate couse (o), stoting the under-	(b) Co	for (o), (b), and (c).]  ryscarsly  gonary	actor	feir	Grose	<i>i</i>	INTERVAL B ONSET AND	
PART II. OTHER SIGNIFICANDO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA	hetes	melle	T NOT RELATED TO THE TERMIN	sales	litha	EN IN PART	1(o) 19. WAS PERFO YES	OBMED?
20c. TIME OF INJURY Manth, Day, Hour o. m.	Year 20d, IN. While	Not while fo	ACE OF INJURY (Home, form, ictory, street, office bldg., etc.)		r town)	(Co	ounty)	(State)
21. I certify that I attended alive on 828  ACTUAL SIGNATURE Parent	19 at work	at work	11/201		ne causes an et, city ar tawn,	d an the		
PHYSICIAN'S Robert U			13.0	ierda	, Mol	,		
Burial, CREMATION, 22b. DATE THE Burial (Specify) 8/31/		22c. NAME OF CEMETERY C		Mana:	SSAS,	r county)	nia (Sto	ite)

ADDRESS

Bethesda, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9	2	5	7
J	J	J	6

CERTIFICATE OF DEATH

					Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgome	ery	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institution b. COUNTY	n: Residence before admission)
Bethesda		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give		d. STREET ADDRESS 1708 San Pe	dre Street	e. IS RESIDENCE ON A FARM? YES NO ST
3. NAME OF DECEASED (Type or print)	First Betty	Middle Ann	lost Sciacea	4. DATE Month OF DEATH Augus	
5. SEX Female		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  June 21, 19	. last bighday)	FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
10a. USUAL OCCUPATION during most of wor Student	ON (Give kind of work done king life, even if retired)	None	STRY 11. BIRTHPLACE (Stole Colorado	ar foreign country)	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Sciacca		Sarafena		
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORCES' (If yes, give wor or dates of service			ical Record Address inter, Bethesda	
Conditions, if of gave rise to it cause (a), stating lying cause last.  PART II. OT  200. ACCIDENT W. OR CONTRIBUTION OF CONTR	the under- (c)	ONS CONTRIBUTING TO DEATH BUT			
200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o.m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year	DESCRIBE HOW INJURY OCCURRED  20d. INJURY OCCURRED While Nat while fac	O. (Enter nature of injury in the ACE OF INJURY (Home, form lary, street, office bldg., etc.)	, 20f. (City or town)	(County) (State)
actual SIGNATURE PHYSICIAN'S		dos	occurred of 1:15  The Clinic The Nation	M, fram the couses an ADDRESS (Street, city or town, sto	8/3/5
220. BURIAL-GREMATIC REMOVAL (Specify POMOVA)	8/3/59	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or Trinidad,	
The S.H.F.	rs signature Hines Co., 2	901 14th St. Was	N. W. S. 240. REC.	BY REGISTANS 246. REGISTI	RAR'S SIGNATURE

death! Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hays after leath. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

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VS A15 (4) 15M 10/57

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	The state of		
		HELEP/SELL	
		15 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

## 9358. CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE O	F DEATH			2. USUAL RESIDE			10.
COUNTY	Mositga	THELY MAI	RYLAND	STATE . Mod	COUNTY	anarim	de
CfTY (ff ou	tside corporate limite, write R		H OF STAY	CITY (If outside corpo	orate limits, write RURAL	and give neerest town)	
TOWN	Ive negrest town	Caroli III	his pleca)	TOWN Dere	m. ma	. 023	x = 2
HOSPITAL O		JUL SO	- 11	STREET	(If rural gi	ve location)	
INSTITUTION STREET ADD	see de serie	Tes Mans	379 100	ADDRESS /	SIPCOTE	soille /	24
	17216	elesville K	1.4	Seco	er SAU		d
3. NAME OF		(Middle)		(Last)	4. DATE (Mo		(Teer)
(Type or Print	Kewb	es.	5	hifflett	DEATH	ug. 14	1959
S. SEX		7. SINGLE, MARRIED,	8. DATE OF	BIRTH	9. AGE lest birthday		IF UNDER 24 HRS.
11	RACE	WIDOWED, DIVORCED, (Specify)	Och 2	7-1087	73 yrs.	Months Deys	Hours Min.
10a, USUAL OCC	UPATION (Give kind of wor	rk   10b, KIND OF BUS	INESS I	11. BIRTHPLACE (State or fora		I 12. CITIZE	OF WHAT
	most of working life, even	if OR INDUSTRY				COUN	
retired)	former!					11.5	a
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
15. WAS DECEA	SED EVER IN U. S. ARMED	FORCES?   16. SOCIAL	SECURITY NO.	17. INFORMANT &	ADDRESS		11
(Yes, no, or unk.)	(If Yes, give war or datas	s of service)		back Shit	Lell-HARN	ry live de	vom mod
		1					RVAL BETWEEN
I DISEASES OR	CONDITIONS DIRECTLY LEA	ADING TO DEATH	MEDICAL CERT	IFICATION		ONS	ET AND DEATH
11221.		1.	A		0:-1	- 1	1
422.1		(A)	mar.	my man	Ca Clea	-	-
	ECEDEIAL CHOSE(3)	E TO	110 0-	Up	. 00	and .	
GIVING RISE TO	ONDITIONS, IF ANY, THE ABOVE CAUSE	(B) Decet	حد حد	a le	delle		- Carrie
STATING UNDER	LYING CAUSE LAST.	E TO	0.	00	· O.	1	
II OTHER SIGNIF	CANT CONDITIONS CONTR	(C) LOZ	The state of the s	of a come	and the second	are 79	-care
TO THE DEATH	BUT NOT RELATED TO THE		-				
19e, DATE OF O	ONDITION CAUSING DEATH	MAJOR FINDINGS OF OPERA	TION	•		20	. AUTOPSY?
11		MAJOR FINDINGS OF OPERA	TION			YES	
21e ACCIDENT	WAS UNDERLYING	21b. PLACE (Home, farm, f	ectory   21	e. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stete)
OR CONTRIBUTING	G  CAUSE OF DEATH	OF INJURY street, office bldg			(0.1)	(,	
21d. TIME OF IN	MEDICAL EXAMINER) URY (Month) (Dey) (Ye	ser) (Hour)   21e, INJURY (	CCURRED 1 2	If. HOW DID INJURY OCCL	D 7		
210. 1111. 01 111.	on (moning (po)) (1)	Whila -	Not while	THE THORN DID MINORIT OCCU	Α,		
50-65		M. et work	et work				
22. I hereb	y certify that I atter	nded the deceased from	nDee 11	19.57, to A	4 x 15 19 D	2, that I last sav	v the deceased
		3.2 and that de					
SIGNATI	JRE ()		am occurroo ci.		RESS (Street, city, tov		ATE SIGNED
( -	LED 1	1/		1719	Samina	レルスト	- 14 500
23. BURNAL CRE	MATION DATE	THEREOF THAMS	M. D.	DILVEY	I LOCATION (GRy) tow	in or county)	(State)
KEMOVAL	TECHTY)	The state of the s		A 7 0	D CALLOS TON	, 57 COULTY)	(31414)
Crown							
	6	0 15 J. S. S.	Md. W	ed. ochort	Sollie	word n	rel.
24. REC'D BY RE		RAR'S SIGNATURE	rud. M	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	rel.
24. REC'D BY RE		RAR'S SIGNATURE	rud. Vu	25. FUNERAL DIRECTOR'S		ADDRESS	ref.

## CERTIFICATE OF DEATH

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Distriction of the Property of the Control of the C		
	CHARTINA	
	Elizabeth di Ali anto	
entered and analysis of them of the William of the State		in are the setting the transfer
scale from the series of the s		
		III To Make the Party
	Law and The	
	The same of the sa	Contract of CRIN Francisco

death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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e funeral director, auld be filed with

attending physician and campletely filled in by the fun n please remave carban papers. Pages 1 and 2 shauld Mours Then please

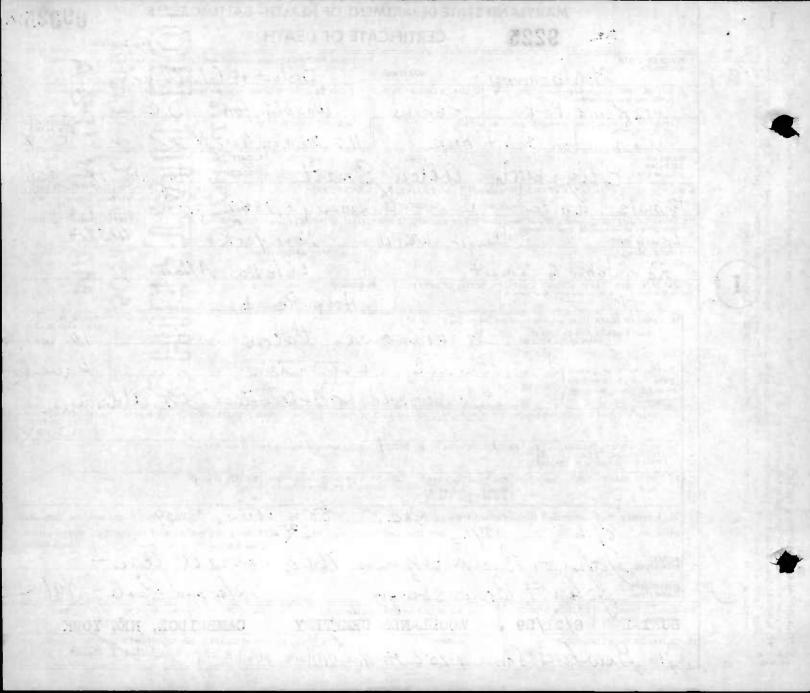
TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached for use as the burial-transit permit. Then please the registrar priar to burial, cremation, or remaval, and in any event within

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 1SM 9/SB

	JAAU	OEKIII IO	AIL OI DEAILI	R	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY	taomery	MARYLAND	2. USUAL RESIDENCE (Where de	ceased lived. If institution:	Residence before admission)
b. CITY OR TOWN (If outside or RURAL and give nearest town	orporote limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporote limits, write RURA	L ond give nearest town)
d. NAME OF HOSPITAL (IF not in or institution	n haspital, give street add	56 days	d. STREET ADDRESS	on D.C	e. IS RESIDENCE ON A FARM?
Washingto	on Janit	Hosp.	110 Maryland	Lue., N.C.	YES NO NO
3. NAME OF DECEASED (Type or print)	p bette	allen	Swart 4. B	ATE Month FEATH AVAILE	Day Year 1959
5. SEX 6. COLO	1 -1		B. DATE OF BIRTH	lost birthday	UNDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.
remale Wi	hite WIDOWED [		January 8,18	89 70 yrs.	
<ol> <li>USUAL OCCUPATION (Give k during most of working life, ex</li> </ol>	ren if retired)	ID OF BUSINESS OR INDU	1/ 1/	eign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Lawe	yer Well	14. MOTHER'S MAIDEN NAME	~ \	4.0,71.
Rev. John	G. Smart		Lelek	a. Allen	
1S. WAS DECEASED EVER IN U. S. (Yes, no, or unknown)	ARMED FORCES? 16. SOC or or dates of service)	CIAL SECURITY NO.	HOSB. Record	Address	
18. CAUSE OF DEATH [Enter	only one couse per line for	or (o), (b), and (c).]	0.0		INTERVAL BETWEEN
PART 1. DEATH WAS C	AUSED BY: TE CAUSE (o)	ospisson	us - Coloni	and	ONSET AND DEATH
153.8	DUE TO		Retriet		1-1-1-1
Canditions, if ony, which gave rise to immediate cause (o), stoting the <u>under-</u> lying cause last.	DUETO	Penerali	and Metos	teris Co C	Elstonia.
PART II. OTHER SIGNIF	ICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200, ACCIDENT WAS UNDERLOW OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING 20b. DESCRIB OF DEATH EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter noture af injury in Part 1	ar Port II af item 18.)	
20c. TIME OF INJURY Month, Hour o.m. p. m.	Doy, Year 20d. INJUI While at wark	_ Not while for	ACE OF INJURY (Home, farm, 201 ctory, street, office bldg., etc.)	. (City or town)	(Caunty) (State
21. I certify that I atte	ended the deceased	fram Rec			at I last saw the deceased
alive an 8/16	, 1959	, and that death			an the date stated above
ACTUAL SIGNATURE Offis	7. Broc	inslague	M.D. 7600 CD	ESS (Street, city or town, stot	DATE SIGNED
PHYSICIAN'S NAME (Type) No 12	21 F. Bros	wasberger		aleenue l'	Cash - ned -
22a. BURIAL, CREMATION, 22b. D	ATE THEREOF 22	2c. NAME OF CEMETERY O	CEMETERY 22d.	CAMBRIDGE.	ounty) (Stote) NEW YORK
23. FUNERAL DIRECTOR'S SIGNATI	JRE	ADDRESS	24g. REC'D BY		AR'S SIGNATURE
Jrs. Genel	us four	1752 Po.	Ans. A/A/ DATE AUG	1 - 150	Thur S. Kraus



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	9359 CERTIFICATE OF DEATH Reg. Dist.	U9326
directer	1. PLACE OF DEATH O. COUNTY Montgomery MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of STATE of California b. COUNTY LOS A	before odmission) Angeles
be f	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give	re nearest tawn)
Pluc	Bethesda 94 days Covina,	-3× - 3
300	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The Clinical Center, Bethesda 11, Md.  4954 Vecino Drive	e. IS RESIDENCE ON A FARM? YES NO
1 0 n	3. NAME OF First Middle Last 4. DATE Month OF	Day Year
es es	(Type or print) Esther Monica Smith DEATH August	28, 1959
Po Po	lost highday) as at a	YEAR IF UNDER 24 HRS.
5	remaie white widowed   Divorced June 3, 1910 43 yrs.	
and cam ban pape er death.	during most of working life even if retired)	U. S. A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
9 4	Robert Smith Lillian Croak	
72 hours of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give wor or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   The Medical RecordAddress   396-18-5283   The Clinical Center, Bethesda 14.	Maryland
offending In please re within 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
0.3	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Massive Upper Gastrointestinal Hemorrhage	24 Hours
nit. The	Canditions, if any, which ) (b) Carcinomatosis	l Year
it per	gove rise to immediate cause (a), stating the <u>under-living couse last.</u> (c)	
0 ,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1  Bilateral Hemothorax	PERFORMED? YES NO
or rem	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
emotion	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 While Not while at work of work of work 19 Use PLACE OF INJURY (Home, farm, 20f. (City at tawn) (Control of work of work) (Control of work) (	
: Arren Iched fo urial, cr	21. I certify that I attended the deceased from May 26, 19 59 to August 28, 19 59, that I larger an August 28, 19 59, and that death occurred at 10:19PM, from the causes and on the	st saw the deceased
deta r to b	ACTUAL ACTUAL The Clamber S	DATE SIGNED
Prio /	SIGNATURE National Institutes of Heal	1-1121
loor or	PHYSICIAN'S JERRY S. TRIER, M.D. Bethesda 14, Maryland	·VII
page 3 st	220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Burial-transit_8-30-59 Little Wolf Cemetery Waupaca County	Wisconsin
0.7	23. FINERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	ATURE
S (4) 0/S7	Robert W. Tungliney BETHESDA, MD. DATE SEP 1'59 Onthey &	Kraus

. . . and within a concer, something To severous record Laurett and Berlinst All Absoling singlet - claimed the son and the state of the warmen to work the country of the The state of the s

death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL ON TENDING PHYSICIAN: The law requires that the death certificate be exerum may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and can page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after delather the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after delather.

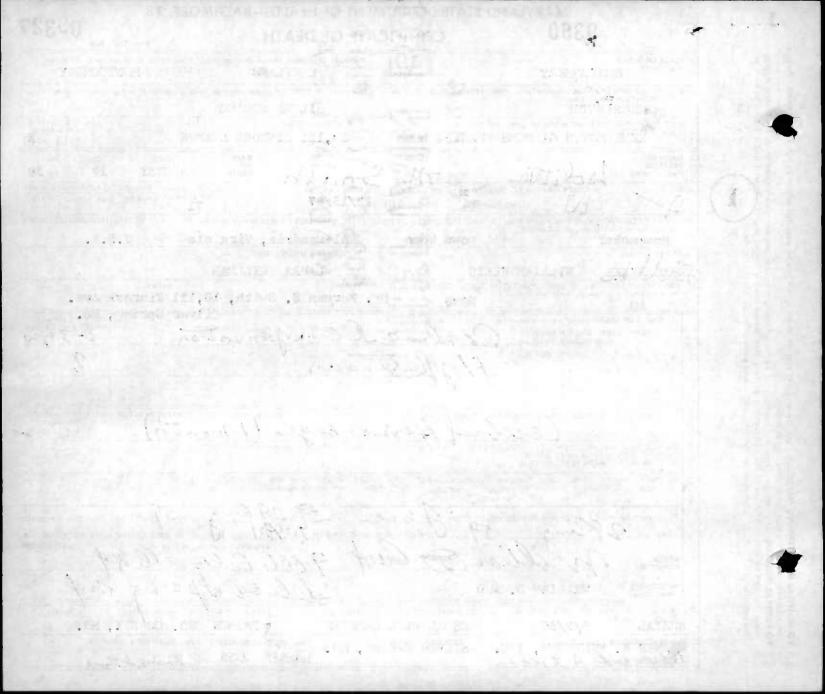
VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIFICATE OF DEATH

09327

	CERTIFICA	AIL OF DEATI		Reg. Dis	t. No.
1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE MARYLA			re befare admission) TGOMERY
b. CITY OR JOWN (If autside carporate limits, write RURAL and give nearest tawn)  RENSINGTON	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		s, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of Name of Institution National GARDENS NU		d. STREET ADDRESS 10,121 KIN	ROSS AVEN	JE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Month AUGUST	Day Year 29 19 59
WIDOWEI CV		B. DATE OF BIRTH 12/15/87	lost t	Manths yrs.	1 YEAR IF UNDER 24 HRS Days Hours Min.
UsUAL OCCUPATION (Give kind of work done during most of working life, even if retired)     Homemaker	own home	Alexandria	, Virgini		S.A.
13. FATHER'S NAME  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			KILLMAN		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		Norman S. S	mith, 10,		
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	Olioms	unsatio	ver Spring	INTERVAL BETWEEN ONSET AND DEATH
Canditians. if any, which gave rise to immediate couse (a), stoting the under-lying cause lost.	4. yperte	nswn			2.
PART II. OTHER SIGNIFICANT CONDITIONS CO	DINTRIBUTING TO DEATH BUT	onkege	(1 mos	th	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Nat while fa	ACE OF INJURY (Home, form ctary, street, affice bldg., etc		) (C	ounty) (State
21. I certify that lattended the decease alive an 195	d fram Anne I and that death In D Cu	A	MI fram the ca ADDRESS (Street, city	uses and an the	date stated above
PHYSICIAN'S WILLIAM D. AUI	)	fil	er Sp	rung	my
220. BURIAL, CREMATION, 27b. DATE THEREOF BURIAL (Specify) 9/2/59	22c. NAME OF CEMETERY OF CEDAR HILL C		PRINCE G	ty, tawn, or county) EO. COUNTY	(State)
23 EUNERAL DIRECTOR'S SIGNATURELY, INC. RAYMAND A ZISKA	STLVER SPRIN	IG, MD. 240. REC' DATESE		Cuthun &	



death. Page

09328 Reg. Dist. No.

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9361

moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, poge 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror priar to burial, cremotian, or remaval, and in any event within 72 haurs after death.

JENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL O VS A15 (4) 15M 9/5B

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	1	1		
C	M	Э.		
1			l.	

1. PLACE OF DEATH a. COUNTY	Service State			2. USUAL RESIDENCE o. STATE	E (Where decease	d lived. If instituti	on: Residence b	efore admiss	sion)
Montgo	merv		MARYLAND	Maryl	and		Mon.	tgomer	У
b. CITY OR TOWN RURAL and give	(If outside corporate limit	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, write R	URAL and give	nearest town	n)
Beth	nesda ITAL (if not in hospital, g		5 days	26 R	lockville	9			
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ive street o	address)	d. STREET ADDRE	SS			e. IS RES	SIDENCE FARM?
	burban Hos	pita		506 Crab	b Ave			YES [	NO []
3. NAME OF DECEASED	Fire	st	Middle	Last	4. DATE OF DEATH	Mor		/	Year
(Type or print)	Elizabet		May T. Snel	1	DEATH	Aug			1959
5. SEX		MIDOWE	DIVORCED DIVORCED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Day		Min.
Female	White	WIDOWE	O DIAOKCEO D	5/16/14		14441	1		
10a. USUAL OCCUPAT	ION (Give kind of work or brking life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (	(State or fareign o	country)*	12. CITIZEN	OF WHAT	COUNTRY
					on. Vira		IIS	Δ	
Housewi	116			14. MOTHER'S MAIL		, THE	I Uali		
	rank C. Sams	selle		Mary	Bowie	Oliver			
15. WAS DECEASED EN	/ER IN U. S. ARMED FOR (If yes, give war or dates of se	CES? 16.	SOCIAL SECURITY NO.	INFORMANT		* Add	ress		
No		5'	78-20-1853	Husband	(Same	As Above	)		
18. CAUSE OF DE	EATH [Enter only one co	use per lin	e for (a), (b), and (c).]	1 1.1		2		NTERVAL BE	ETWEEN
PART I. DE	EATH WAS CAUSED BY:	. 2.	Trace le	al Kles	unlak	10110		INSET AND	
330 V	IMMEDIATE CAUSE (o	-7 m	varerever	1	- OUN	TOLK Y		7-100-0	
200 /	DUE TO	1)	1-	A	1.1+1-	A - N	. 1	51	
Conditions, if		Ke	Dured 1	Therippen	191 An	leves Commo	meesting	da	wo
gave rise to cause (a), statin				// /			/		1
lying cause lost			V				/		U
	_ , ,		ONTRIBUTING TO DEATH BU	T NOT PELATED TO THE	TERMINIAL DISEAS	SE CONDITION GIV	FN IN PART 1/a	I O WAS	ALITOPSY
£ (ALI II. 0	THER SIGNATURALLY COLV	01110143_C	ON KIBOTINO TO DEATH BO	THOT KEDATED TO THE	TERMITAL DISEA.	SE CONDITION ON	EN IN TAKE IN	PERFO	DEMED?
<b>∀</b>		9						YES	NO 🗆
PART II. O PART III. O PART III. O PART III. O PART III. O	VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of inju	ry in Part I or Po	rt II of item 18.)			
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)								
NO TIME OF INJU	JRY Month, Day, Yes	204 14	JURY OCCURRED 20e. P	LACE OF INJURY (Home	form   205 /Cit	was town)	16	4\	/Chata
20c. TIME OF INJU Hour a. m p. m		While	_ Not while	octory, street, office bldg	, rarm,   201, (Cir j., etc.)	y or rown;	(Coun	17)	(State
₽. m	10		at work						
21 Leonific	that I attended the	d	ed fram aug.	5 , 19 5 9, to	aus.	112 105	that I last s	41	
/	and i dirended me	decease	0 ()		15				
alive an	aug 17	, 19	, and that deat	h accurred at 12	M, fram	the causes ar	d on the do		
0		. 1	11 -0-0		ADDRESS (S	Street, city or town,	state)	DAT	TE SIGNE
ACTUAL SIGNATURE	1 Small	The 1	tru Cer b.	M.D. 809 1	/pire	M1:11 R	de	81	111
SIGNATURE	· /J vare		1	M.D					-43.
PHYSICIAN'S NAME (Type)	Bowditch H	unter	,	Roc	Kull	e, Med	A		/
	ION, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	ATION (City, town,	or county)	(Sto	te)
REMOVAL (Specif	0/14/	59	Park Law	n CEMETE	D. D.	Lui I la A	1 -1		
23. FUNERAL DIRECTO		5/	ADDRECS LOW			CKVILEN	STRAR'S SIGNA	THE	
20. TONERAL DIRECTO	K 3 SIGNATURE		5801 Cevela	42 0 0	RECYD BY REGIS		Thun S. Ki		
14 14	chambona	Ca	Divandala	Mal DAT	E AUG 1 2 "	9 0	wind s. Tis	alla	
11 - 11	•								

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A Notice of the Armed Average of the Armed Average

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

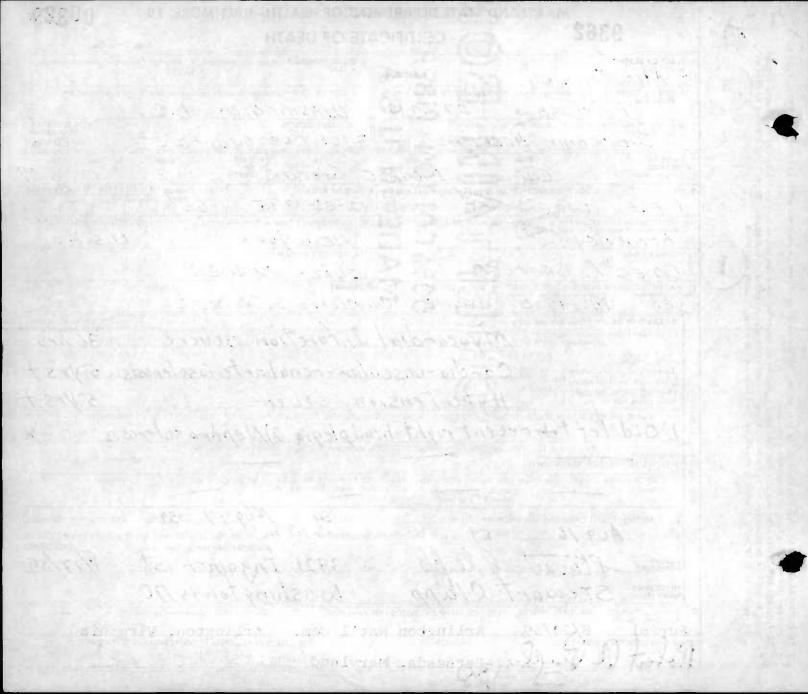
	D. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest fown)  27 DALS  ALSO  B. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest fown)  27 DALS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  WASHINGTON - D.C = 41x-3
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SUBURBAIN HOSPITIAL	d. STREET ADDRESS  ON A FARM?  YES NO NO
	3. NAME OF DECEASED (Type or print) EARL Middle MONRO	E SPENCER 4. DATE Month Day Yeor OF DEATH 8 17 19 59
	5. SEX   6. COLOR OR RACE   7. MARRIED   MIDOWED   DIVORCED	8. DATE OF BIRTH  12-30-1895  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  ATTORNEY	NEW YORK U.S.A.
	OMER R. SPENCER	14. MOTHER'S MAIDEN NAME LELIZ DEZNER
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (15 yes, give wor or dates of service)  (15) (17) - 1920 MONE C	INFORMANT Address HARLOTTE E. SPENCER
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c),]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying couse lost.</u> Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	Infanction, severe  Jahrstand, severe
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  1) OI   CFT + Cent right h  20a. ACCIDENT WAS UNDERLYING    OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	emiplegia 2) Nephro Sc/eros/s YES NO SE  ED. (Enter noture of injury in Port I or Port II of item 18.)
	ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
1	21. I certify that I attended the deceased from	h occurred at 124 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, stote)  M.D. 3921 Ingoman St. 117/59  LUMShington 15-DC
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  8/20/59  Arlington N  ADDRESS	OR CREMATORY    22d. LOCATION (City, town, or county)   (Stote)   Arlington, Virginia   24o. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE   DATAUG 1 8 '59   Coding & House

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL O VS A15 (4) 15M 9/58

death. Poge

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours



# Poge 4 should be TO DEPUTY MED'AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cesssory, please execute the cert. Cute the cute the funeral direct post of the cert. Cute the cute the funeral direct post of the cert. Cute the cute the funeral direct post of the cert. Cute the cute the cute the cute the control of the control of the control of the cute the cu M ar remaval.

9363	E DEPARTMENT OF HEALTH—BALTIMORE, 18 XAMINER'S CERTIFICATE OF DEATH
DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution:

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	Keg. Dist. No.
I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY MONTEONERY MARYLAND	a. STATE mel b. COUNTY monty
b. CITY OR TOWN Ilf outside corporale limits, write RURA c. LENGTH OF STAY IN 1b and give nearest term!	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Kun to 5ym	X Kumus In
d. NAME OF HOSPITAL OR INSTITUTION (If got in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
9815 Haverfull xRy Drive	9815 Harlande XXX YES NO B
3. NAME OF DECEASED (Type or print) Care Mary Soles	Lost d. DATE Month Day Year OP DEATH Quy 21 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	DATE OF BRTH  9. AGE (In years)  IF UNDER 1YEAR IF UNDER 24 HRS.  Iout birthdoy)  Months Days Hours Min
Fluid White WIDOWED DIVORCED [	3-12-1873 86 yrs. Manths Days Hours Min.
100 SUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
housents	Te U.SC.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jon Sar	many June Overly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT L Address
No.	ary Jone Warrick - Them 2
18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary	extern sudden
420.1 DUE TO	
(Canditions, if any, which) (b) arterus a se	242
gave rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c)	V
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	YES NO
	inter nature of injury in Part I ar Port II af item 18.)
	CF OS INITIANY (II) - a few look (5') - a - a
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) ary, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy, Inspection X, Inquiry X, and find tha
death resulted from: Natural causes 🗓, Accident 🗍, Sui	cide , Homicide , Undetermined cause .
SIGNATURE THE DE MORKHOUT	_M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EVANUATE M. J. T. D.	ASSISTANT MEDICAL EXAMINER   Cr
EXAMINER'S FLANKIT, BLOSCHARY	DEPUTY MEDICAL EXAMINER & - 21 - 59
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial-transit 8-23-59 Woodlawn	Cemetery Wilkinsburg, Penna.
23. FUNERAL DIRECTOR'S SIGNATURE  ROBERT A. PUMPHREY  ADDRESS  Bethesda,	MA 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Soles G. Sumphrey	Md. DATE AUG 2 6 '59 Orllan S. Krous

VS. A15ME(5) 5M 9/55

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#### CERTIFICATE OF DEATH

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ofter death. Page 4

may be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss

TO HOSPITAL OF

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VS A15 (4) 15M 9/55	8

	CERTIFICA	TIE OF DEATI		Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA	1 00	nstitution: Residence PUNTY MONTG(	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits,	write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 206 WHITEST)		d. STREET ADDRESS 206 WHITES	STONE ROAD		e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF First DECEASED (Type or print) MARGARET	Middle MARY S	lost STICKLER	4. DATE OF DEATH	Month AUG.	Day Year 9 1959
FEMALE WHITE WIDOW	WED DIVORCED	8. DATE OF BIRTH 11/4/69	lost birth 89	yeors IF UNDER I Y ndoy) Months Do	YEAR IF UNDER 24 HRS. Dys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS	6. KIND OF BUSINESS OR INDUS		or foreign country)  MARYLAND		N OF WHAT COUNTRY
13. FATHER'S NAME  JACOB STICKLER		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. (Yes, no. or unknown) NO		s. Marie A. I			
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  332 X DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  (b)  DUE TO  (c)	Generalized F. A. Beneralized	anteriore	Cerons		HTERMICENEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  LIFE CONTRIBUTING  OR CONTRIBUTING  LIFE CONTRIBUTING  OR CONTRIBUTING  O	S CONTRIBUTING TO DEATH BUT I				PERFORMED?
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. Whit	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (City or town)	(Cou	inty) (Stote)
21. I certify that I attended the decedrative on 2, 19  ACTUAL SIGNATURE JOHN W. WINKLI NAME (Type)	inhear fr	occurred at 6 42		ses and an the	date stated above DATE SIGNEE
220. BURIAL, CREMATION, REMOVAL (Specify) 8/12/59	22c. NAME OF CEMETERY OF HOLY REDEEMER		22d. LOCATION (City. BALTIMORE		(State)
23. WARM ERECEP'S HOMPHREY, INC.	ADDRESS SILVER SPRI	NG, MD. 240. REC'U		REGISTRAR'S SIGN.	ATURE

### MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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TO DEPUTY MEY ALL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is a execute the conficie, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be fakwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far ys TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board ar its designated agent, prior to burial, cremation, ar removal, and in any event withing 72 hours after death. VS. A15ME SM 2/57

ETASONO SEADINID AUGUSTIANA E CONTEN contraction of the section of the se PROPERTY OF STREET Shet a sempetity and a part wife, an experience

1/	Hand a MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
A	MEDICAL EXAMINER	S CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	" a. COUNTY MONTGOMENY "MARYLAND	a STATE A COUNTY A
	b. CITY OR TOWN III outline corporate limits, was RURAL   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If partide corporate limits, write RURAL and gird nearest town)
	ond give nearest town) B: + Resda 2/2 hr.	56 Dilver Spine
- 14	d. NAME OF HOSPITAL OR INSTITUTION (If not in hyspital, give street address)	d. STREET ADDRESS.
074	Juburban Hosp.	460 4 Aspor HINRE S. S. YES NO
	3. NAME OF First Middle Middle	Last 4. DATE Month Day Year
	(Type or print) (har/Es totalaro	1 Totano DEATH HOW 16 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In year)  IF UNDER 1YEAR IF UNDER 24 HRS.  Inst birthday)  Months Dave House Alla
	Male 41h. for WIDOWED   DIVORCED	1) 8 e 9 1939 19 yrs. Months Days Hours Min.
34 1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS duripe post of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0-1-	Plumber	Mary land U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
6.00	Mr. Edward Totoro	Grace Totaro
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
3500	[Yes, no, or uniprovn)   (If yes, give war or dates of service)	7. Edward Totars 4604 April 1/11
45/3	18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) OSelvere	onger AND DEATH
	825X DUE TO TO	7 1 1 1 1 1 20
V	Conditions, if any, which gove rise to immediate couse	Osevera Jemanara Jus
	(a), stating the underlying DUE TO	1. to Description 3/10
	couse lost. (c) fluing p	Julo / Terest
^		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
2	A ACCURE & ALLMING SCORE TO INTERNAL CAUSE WAS 20th DESCRIPTE HOW INTURY OCCUPRED (	un, John Julian YES NO
	ZOG. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. ( PRIMARY D or CONTRIBUTING   CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of item 18.)
	Musician Walle	involved in accept
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour o. m. 200 Not white of work of work of work 200 Not work 200 No	CE OF INJURY (Hame, form, 20f. (City or town) (County) (State) tory; street, affice bldg., etc.)
15	2.10 pm 8-16 1959 of work of of work	treatures Rockielle muity me
	21. I certify that I taak charge of the remains described abo	ove, held an Autopsy X, Inspection , Inquiry , and find that
	death resulted from: Natural causes, Accident 🔀, Su	icide ☐, Homicide ☐, Undetermined cause ☐.
550	2	A APP CIONED
	SIGNATURE Thend I I Trenhant	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
5 6		ASSISTANT MEDICAL EXAMINER \ \ \C/-/4-54
2	EXAMINER'S FLANK J. Brosch 2,	DEPUTY MEDICAL EXAMINER &
_	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stole)
)	220. Burial Cremation, 22b. Date thereof Removal (Specify) 8-19-59 Gate of Health Control of the	aven Wheaton Md.
2	23. FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	240 REC'D BY DEGISTRAR 246 REGISTRAP'S SIGNATURE
A.	IW July Wash, W.C.	DATE AUG 1 8 '59 Could d. Plant
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TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is research cute the certificate ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire. Page 4 should be forwarded to like Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burightnastipermit. File pages 1 and 2 with the registrar prior to burial, gremation,

VS. A15ME(5)

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VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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				CERTI	FICA	ATE OF E	DEATH	1	144.9	-	Reg. Di			O X
1.	PLACE OF DEATH o. COUNTY  Montgomer	<b>v</b>		MARYI	LAND	2. USUAL RESE a. STATE Virgi		sere deceased	lived. If insti b. COUN		Resider	ice befo	re admiss	ion)
	b. CITY OR TOWN (I	outside carporate limi	ts, write	c. LENGTH OF STAY	IN 16			utside corpora	ote limits, writ	e RUR	AL and	give nec	arest town	1)
	RURAL ond give ne	edrest town)		10 days			ndria		8	3 >	(-3			
		AL (If not in haspital, g	ive street	address)		d. STREET A				- /			e. IS RES	DENCE
		cal Center	Bet	heada lh. 1	Md.	3933	Usher	Avenu	10					FARM?
3.	NAME OF DECEASED	Fir		Middle		Los		4. DATE		Month		Do	y	Year
	(Type or print)	Wad	le	Hampto	on	Tax	rler	OF DEATH	Au	gus	st	8	3.	19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D K	8. DATE OF BIRT	Н	9	AGE (In ye	ors IF	UNDER		1	ER 24 HRS.
	Male	White	WIDOW	DIVORCED		May 4.	1959		last birthda	yrs. A	Months 3	Coys	Hours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OF	RINDU	STRY 11. BIRTHPL	ACE (State	ar fareign cou	intry)		12. CII	IZEN C	F WHAT	COUNTRY
	Child			None			Virg	inia				U.	S.A.	
13.	FATHER'S NAME		WI			14. MOTHER'S	MAIDEN N	IAME				H		
	Lindsey H	. Taylor					West							
IS.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT TH	ne Med	lical R	ecord '	ddress	5			
	No			None	Th	e Clinic	al Ce	nter,	Bethes	da	14,	Mar	ylan	d
			use per lin	ne for (a), (b), and (c).]								INTE	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Co	ngenital He	art	Disease						3	Mon	ths
	7545	DUE TO												
	Canditions, if a		)											
	gave rise to in cause (a), stating													
	lying couse last.	) (c	)											
CATION	PART II. OTH	ier significant con	DITIONS	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERM!	NAL DISEASE	CONDITION	GIVEN	I IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter nature a	f injury in I	Part I or Part I	ll of item 18.)					
SCA	20c. TIME OF INJURY	Y Month, Day, Yes			20e. PL	ACE OF INJURY (	Hame, form	20f. (City o	or town)		(4	County)		(State)
MEDI	p. m.	19	While of world	Nat while	101	ciory, street, direct	blug., elc.							
	21. I certify th	at I attended the	decease	ed from July	29	1959	ta Au	igust 8	195	9	that I	last so	w the	decease
	alive an Aug		195		death	accurred at				5 00	d on t	he da	to state	d abau
	, )		11	,		0000,,000 00		ADDRESS (Stre				ne du		ATE SIGNE
	ACTUAL SIGNATURE	encert 1	the	duale		The C		al Cen		63			8-8	-59
						Natio	nal I	nstitu	tes of	He	alt	h		
	PHYSICIAN'S NAME (Type)	Vincent T.	Andı	riole, M. D	•	Bethe	sda 1	h. Mar	yland					
220	BURIAL CREMATIO	N. 226. DATE THEREC	F	22c. NAME OF CEME	TERY O				ON (City, tow	n, ar	county)		(State	el
	Burial (Specify)	Aug. 11.	1959	Arlingt	on 1	National			Myer.			nia	,5.0	
23.	77	S SIGNATURE		ADDRESS			24a. REC'I	D BY REGISTR			AR'S SIG		?E	
	Every		Ya1	rfax, Virg	inia	2.	DATE ALL	G 1 0 '59	9 (	D.U	Lug S.	Kan	44	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. cremat 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) PLACE OF DEATH a. COUNTY Maryland b. COUNTMONTgomery Montgomery MARYLAND buriof. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 9941 Mayfield Drive ON A FARM? 9941 Mayfield Drive ă YES NO DE NAME OF Middle Month Year DECEASED 1959 DEATH AUG MAY THOMAS HUGH R. (Type or print) 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED TO 8. DATE OF BIRTH SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Male 2 with th White Hours WIDOWED | DIVORCED | July 19. 1888 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Gov't U. S. ofter Maryland puo pe Retired 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Arthur W. Thomas Alice Morton Pages oge 5 r Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife Address (If yes, give war or dates of service) Same as Item #2 P.M.3. Po Eunice B. Thomas within No None permit. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN DINSET AND DEATH 00 PART I, DEATH WAS CAUSED BY: Coronary Occlusion ound dead farm IMMEDIATE CAUSE (o) Hem alang with far burial-transit in bed. DUE TO Conditions, if any, which gove rise la Immediate cause should DUE TO (a), stoting the underlying couse lost. ö Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SO PERFORMED? YES 🗔 NOX 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) writing the with hief Medical E factory, street, office bldg., etc.) While Not while O. m. of work of work p. m. 2), I certify that I took charge of the remains described above, held an Autapsy ... Inspection X, Inquiry X, and find that to Che Chief A DIRECTOR: P death resulted from: Natural causes Tx. Suicide , Hamicide , Accident | Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER Aug. 15, 1959 EXAMINER'S FRANK J. BROSCHART cute the forward DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 National Memorial Park Virginia Fairfax.

5 PADDRESS

Bethesda, Maryland

240. REC'D BY REGISTRAR

DATESUG 1 8 '59

24b. REGISTRAR'S SIGNATURE

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VS. A15ME(5) 5M 9/55 23. FUNERAL/DIRECTOR'S SIGNATURE

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	mat and many of a control of a			

death. Page 4

may be retaine 19 the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Ne funipage 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

rending physician: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A15 (4) 15M 9/58

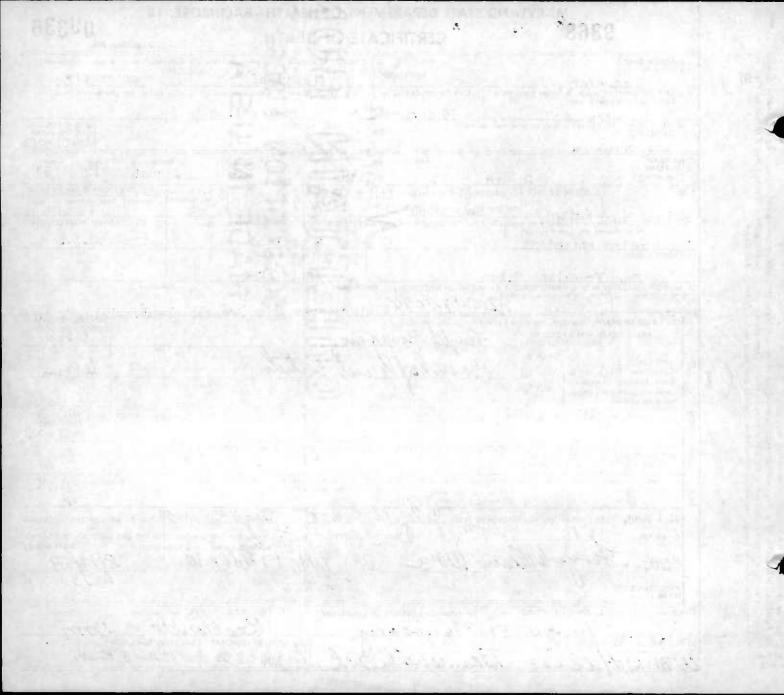
9368

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 

09336

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLAND		STATE		d lived. If instituti b. COUNTY	on: Reside	t com	re admiss	sion)
Monte	romery If outside corporate lim	tan matan	L. IENICTU OF STAVIALIA		M aryl	Land		PI OII	OROM	ery	- 1
RURAL ond give n	earest town)	iiis, write	c. LENGTH OF STAY IN 16		. CITY OR TOWN (IF	r outside corpo	profe limits, write K	UKAL ond	give nec	rest town	1)
Be-	thesda		35 days	X	8 4 0	olesvil	le				
OR INSTITUTION		give street	oddress)	1	d. STREET ADDRESS					e. IS RES	FARM?
	ırban					1	-				
3. NAME OF DECEASED (Type or print)		rsi dwa rd	Middle	Tit	Lost	4. DATE OF DEATH	Aug	gust	1	2	19 <sup>59</sup>
5. SEX			RIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years	IF UNDE	1 YEAR	IF UND	ER 24 HRS
Molo	White	WIDOW	EBBoara PHY OFCED		1/17/07	1	lost birthdoy) 52 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Sto	ite or foreign c	country)	12. CI	IZEN OI	WHAT	OUNTRY
Gas Station		'			M arv]	land			Ţ	J.S.A	Į.
13. FATHER'S NAME	T WITTERIORITY	4		14.	MOTHER'S MAIDEN						
		mal			Amaria	F					
John 15. WAS DECEASED EVE				INFOR	Annie	rrye	Add				
	(If yes, give war or dates of		SOCIAL SECURITY NO.	INFOR	WAITI		Add	1 0 2 2			
No		4	13-01-70148	iste	r (Mrs. A	nna Pr	noka) D	10700	.: 77	- M	-3
	ATH [Enter only one co	ouse per li	ne for (o), (b), ond (c).]		1		oone, ic	<del>VULUO O</del>		RVAL BE	
PART I. DEA	ATH WAS CAUSED BY:		Realt Ench	1600	W. o				ONS	6AND	Maa
510V	DUE TO		1	7	1 1 1	1					V - 1
0100			Brankad 1		I Futu	Tu			1	our.	
Conditions, if a	mmediate	b)	morage	MA	4 10000	<i>VV</i> <sub>1</sub>			-	,,,,	4
couse (o), stating		)	<b>/</b>								
lying couse lost.	, ) (										
PART II. OTI	HER SIGNIFICANT CON	ADITIONS_	CONTRIBUTING TO DEATH B	TON TU	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFC	AUTOPSY RMED?
8											NO 🗌
PART II. OTH	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (En	ter noture of injury in	n Port I or Por	rt II of item 18.)				
	RY Month, Doy, Ye	or 204 I	NJURY OCCURRED 20e.	PLACE C	F INJURY (Home, fa	rm. 20f (Cib	v or town1		County)	-	(Stote)
20c. TIME OF INJUI Hour o.m. p. m.	19	While of wor	_ Not while _		street, office bldg., e		,		County)		(3,016)
21. I certify th	nat I attended the	decens	ed from Wille /	0	, 19.59 to	aux 1	2 , 19.29	that I le	ast sav	v the d	leceases
alive an a	ue 11	10	100	th ac-	1.10.						
alive an	1	17	2_7_, and that dea	iin acc	urred at 10 9		the causes an		e date		d abave
ACTUAL Z	1604x /11/1	Mari	Marco		goda 1	1761	The life town,	siole)	01	16/10	Y
SIGNATURE	XUMU	upi	1 0000	M.D.	100.1	100	11:00		0/1	72	7
PHYSICIAN'S NAME (Type)	0							e 14	/	/	
220. BURIAL, CREMATIC	N. 22b. DATE THERE	OF	22c. NAME OF CEMETERY	OR CRE	MATORY	22d LOCA	TION (City, town,	or county)		(Stot	le)
REMOVAL (Specify)			M. CEMETERT	OR CRE	MAIOKI	12	00. 01	7	n	(3101	1
Juneal	Mug 15	-39	Ignoca	cy		100	elloul	CTDA DIC C	1	114	
23. FUNERAL DIRECTOR	SSIGNATURE	-	J ADDRESS . 11	70	1	C'D BY REGIS		STRAR'S S'			
VX701.13.7	tellar	6	James all	e. 24	DATE	AUG 18"	59 a	rthun S	. Thou	NA.	



Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) 9. STATE b. COUNTY
Montgomery MARYLAND	a. STATE Md. b. COUNTY MANAGE
b. CITY OR TOWN III outside carporale limits, write RURAL c. LENGTH OF STAY IN 16 and girl nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
William Son 8 ym	56 / Pores Sheers
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS . Is RESIDENCE
1016 Strong st	1016 Strong at YES NO W
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Times Chesley T)	wit DEATH and 21 1959
5. SEX /4 COLOR OR RACE 7. MARRIED NEVER MERRIED   8	DATE OF BIRTH 9. AGE (In year IFUNDER 1YEAR IF UNDER 24 HRS.
male ( White WIDOWED   DIVORCED	4-18-1880 To lost birthdoy/ yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST	
during most of working life, even if retired)	
13. FATHER'S NAME	m. Sa.
TO THE STAME	14. MOTHER'S MAIDEN NAME
Jareph front	Umandy Wey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes) ny. or unknown) 1   If yes, give wor or dotes of services)	NFORMANT Address
1	usi front Jan 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	COLD PLANT DEATH
	occurs judan
UE TO	
Conditions, if ony, which gove rise to immediate cause	
(o), stoting the underlying DUE TO	그녀는 의 공장 보일 왕이를 살아 있다면 말이 되었다.
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u> </u>	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	nter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
Hour D. m. While Not while foctor	pry, street, office bldg., etc.)
p. m. 19 of work of work 21. I certify that I took charge af the remains described aba	us hold as Autoniu 🗍 Jassatias 🕅 Jassia 🗖 - 16: 1.1.
death resulted fram: Natural causes X, Accident , Sui	cide, Hamicide, Undetermined cause
1 A A A	DATE SIGNED
SIGNATURE Thank 9. 1 Inschart	_M.D. CHIEF MEDICAL EXAMINER
EVANUATED 5 1/12 - 0/	ASSISTANT MEDICAL EXAMINER
EXAMINER'S FLAXIR T. BASChara	2 DEPUTY MEDICAL EXAMINER & 8-21-55
220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stole)
REMOVAL (Specify) 8/24/59 Fort Lincoln	Cem. Bladensburg Road, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 73 2	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	DATAME 2 6 '59 Cotting S. Kinus
I summany ten	Aures DATAUG 26 59 Cuting S. Firms

VS. A15ME(5) 5M 9/55

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		and a finite	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9227 CERTIFICATE OF DEATH

09338

1	ONN			Reg. Dist. 140.
1	PLACE OF DEATH O. COUNTY  Non GOMEN	MARYLAND	2. USUAL RESIDENCE (Where decease o, STATE FLOR IDA	d lived. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (It outside corporate limits, write RURA) and give anginest town)	c. LENGTH OF STAY IN 16		orote limits, write RURAL and give nearest town)  PETER BUR
1	d NAME OF HOSPITAL IF not influspitot, give stree	winn Hosp	d. STREET ADDRESS 1052	SEE VENUE N. 6. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	0 -0 1/0/
	m. Cauc WIDON	VED DIVORCED	B. DATE OF BIRTH  10-12-1883	9. AGE (In years lost birthdoy) Months Days Hours Min.
		ELF EMPLOYED	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME HARRY I. TUBMAN		JENNIE A. SIMMO	NS
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas. no. or unknown) (If yes, give wor or dates of service)	1	NFORMANT 105P. records	7600 Carroll Goe.
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse lost.	Coron	eny scale	esion (Lay
100000000000000000000000000000000000000	CATIO		NOT RELECTED TO THE TERMINAL DISEAS  D. (Enter noture of injury in Port 1 or Por	SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 11 NO 12 NO
1	20c. TIME OF INJURY Month, Doy, Year 20d. Hour a.m. Whit	I.	ACE OF INJURY (Home, form, 20f. (Cit ctory, street, office bldg., etc.)	y or town) (County) (State)
	21. I certify that I attended the decedrative on			m the causes and an the date stated abave.  Street, city or town, stote)  Property Aug.  DATE SIGNED  Aug.  DATE SIGNED
l-	220. BURIAL, CREMATION, 22b. DATE THEREOF			

TO HOSPITAL OR TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a certain director, page 3 should be detached for use as the burial-transit permit. Then please remove careen papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 happens they death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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	Company of Frank
	tall and the first transfer matched the second of the seco

ADDRESS

Bethesda. Maryland DATE SEP

19339

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

Sumedeall

PERFORMED? YES NO TO

(Stote)

DATE SIGNED

(Stote)

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24g, REC'D BY REGISTRAR

ON A FARM?

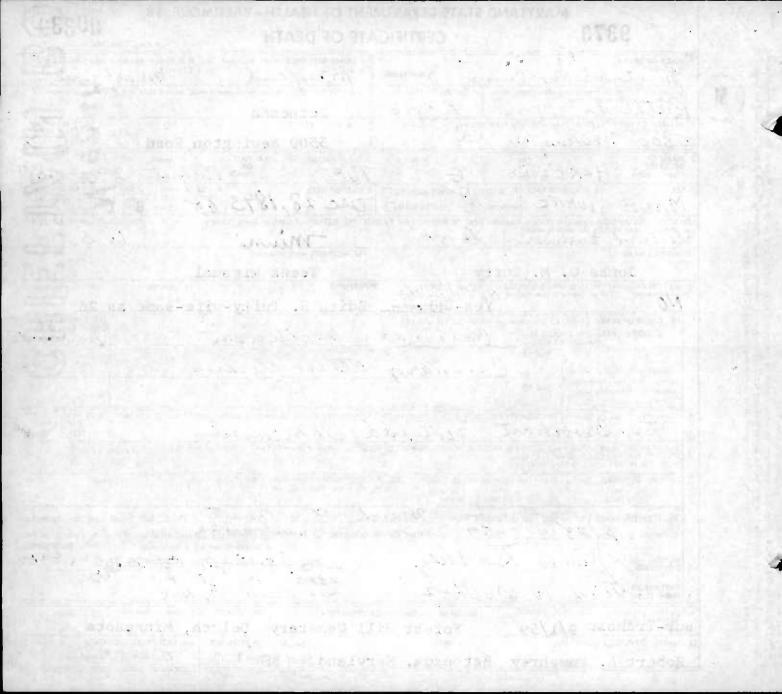
YES NO NO

195

0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrev



I director, filed with

M

death. Page 4

VS A15 (4) 15M 9/58

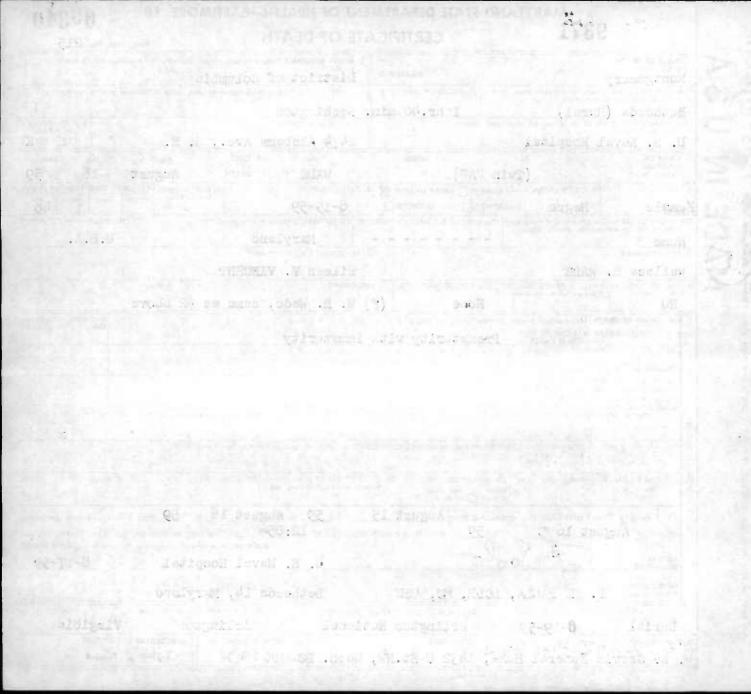
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MAI	RYLAND STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9371		CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

09340 Reg. Dist. No. 215

1. PLACE OF DEATH O. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where decease o. STATE District of Column	L COUNTY	an: Residence	before admissi	on)
b. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside carpo	prote limits, write R	URAL and give	nearest tawn	)
Bethesda (Rural) 1 hr.40 min	Washington	47	x - 3		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS			e. IS RESI	FARM?
U. S. Naval Hospital	2474 Alabama Ave	., S. E.			NO K
3. NAME OF First Middle DECEASED (Type or print) (Twin "A")	VADE 4. DATE OF DEATH	Mon Aug	ust		reor 19 59
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		EAR IF UNDE	
Female Negro WIDOWED DIVORCED	8-15-59	last birthdoy) yrs.	Manths Do	ys Haurs	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	ISTRY 11, BIRTHPLACE (State or foreign of	country)	12. CITIZE	OF WHAT C	
during most af warking life, even if retired)  None	Maryland		U	.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Wallace R. WADE	Eileen V. VINCEN	Tr.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT	Adde	ress		
NO   If yes, give war or dates of service)   None   (F	) W. R. Wade, same	as #2 ab	ove		
[18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	7 HI III HOUSY BUMB	05 //2 00		INTERVAL BE	TWFFN
PART I. DEATH WAS CAUSED BY:	dwwo tawi tar			ONSET AND	DEATH
from the state of	I Inma currey				
DUE TO					
Canditians, if any, which (b)	Part Control				
cause (a), stating the under:					
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1	o) 19. WAS A	RMED?
				YES 🔀	NO 🗌
200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Po	rt II af item 18.)			
<u> </u>	ACE OF INJURY (Hame, farm, 20f. (Cit	y or tawn)	(Cou	nty)	(State)
Haur a.m.  p. m.  19 While Nat while at wark at work	ctary, street, affice bldg., etc.)	1.0			
21. I certify that I attended the deceased from August 15	10 50 . August.	16 150	Alma A. I. I. I. a. A.	16	
	accurred at 12:05 h, fram				
alive an August 10/		the causes an itreet, city ar tawn,			E SIGNE
LACTURE A LACTURE			sidie	0 7 77	50
TACIUAL (A 10 )		HOSDITSI		0-11.	-27
SIGNATURE DEPOSE	M.D. U. S. Naval	HODDIGGI			
PHYSICIAN'S NAME (Type) F. DE PAOLA, LCDR, MC, USN	Bethesda 14,				
PHYSICIAN'S F. DE PAOLA, LCDR, MC, USN  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	Bethesda 14,			(State	»)
PHYSICIAN'S F. DE PAOLA, LCDR, MC, USN  220. BURIAL, CREMATION, REMOVAL (Specify)  220. DATE THEREOF 22c. NAME OF CEMETERY C	Bethesda 14,	Maryland	ar caunty)	(State	e)
PHYSICIAN'S F. DE PAOLA, LCDR, MC, USN  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO.	Bethesda 14,	Maryland TION (City, town, o	ar caunty)	rginia	<b>b</b> )



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certificate

death

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15M 9/58

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		a company the company	Anna dvid i

CERTIFICATE OF DEATH

09342

_	1000	2004									Reg. Dist	t. No.		
1.	PLACE OF DEATH G. COUNTY MONTGOM			MARY	LAND	a. STATE MAR	ENCE (WI			COUNTY	anı Residenci			on)
	B. CITY OR TOWN (I RURAL ond give no ROCKVIL		s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	OWN (IF		orote limits	s, write R	URAL and gi	ive near	rest tawn)	
		AL (If not in haspital, g	ive street	address)		d. STREET AL	DRESS	ROAD				•	ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Fin	L.	Middle WAR	i ,	last	200	4. DATE	Augi	Man	9.19	Day		ear
5.	Female		_	ELED NEVER MARRI	ED 8.	DATE OF BIRTH	5, 1	867	9. AGE (		IF UNDER 1		-	-
	o. USUAL OCCUPATION during most of work	ON (Give kind af work d king life, even if retired)	lone 10b.	KIND OF BUSINESS O		Y 11. BIRTHPLA	CE (Stote		country)		12. CITIZ		WHAT	COUNTRY
	FATHER'S NAME	MILTERS	36			14. MOTHER'S	MAIDEN I	NAME						8-1
	George M	. Fry				Eller	1 St	out						
15. (Y	. WAS DECEASED EVE	R IN U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO		ormant E	Wa		27 S		ams S		eet	
	Conditions, if a gave rise to i case (o), stating lying cause last.	mmediate (		general	rid	Throat	rei	osi	lu	مئه		2	48 rale	1.
ATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERM	INAL DISEAS	SE CONDIT	ION GIV	EN IN PART	1(a) 19	PERFOR	
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of	injury in	Part I or Par	rt II of iten	n 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While	NJURY OCCURRED  Not while  at wark		E OF INJURY (Hry, street, affice			y or tawn)		(Co	ounty)		(State)
	21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Stephen	deceos 19 2 Jone	Sq., ond that	м,	., 19 <u>5.2</u> ccurred ot.	10_ 11:5	5 MP From ADDRESS (S		ouses o	A, that I lound on the state)		e stote	
22		N, 226. DATE THEREO		22c. NAME OF CEM				22d. LOCA			or county)	n mur	(State)	
23	FUNERAL DIRECTOR	s signature eler Fune		ADDRESS HOME CKVILLE,		vland	24a. RES	G an secie			TRAP'S BIG			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, at remaval, and in any event within 72 haurs offer death.

VS A15 (4) 15M 9/55

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	The Party of the P	tot of filet			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9373 CERTIFICATE OF DEATH director PLACE OF DEATH o. COUNTY filed b. COUNTY arvland Montgomery MARYLAND uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) 2 mos. 20davs Bethesda Kensington d. NAME OF HOSPITAL (If not in hospital, give street address) 074 OR INSTITUTION by 3902 Knowles Ave. Suburban Ē NAME OF Middle Lost 4. DATE Month DECEASED C. DEATH (Type or print) Marjorie Warren 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years campletely lost birthdoy) 66 White WIDOWED TX DIVORCED Female 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) pup Housewife pon 13. FATHER'S NAME 200 physician certificate mave S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. attending ease death 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Raemmorhael (gorles-inte DUE TO p Janualico Conditions, if ony, which signed gove rise to immediate DUE TO couse (o), stoting the under-Caramomata lying couse lost. physician CATION 9 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Doy. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) o. m Not while of work of work

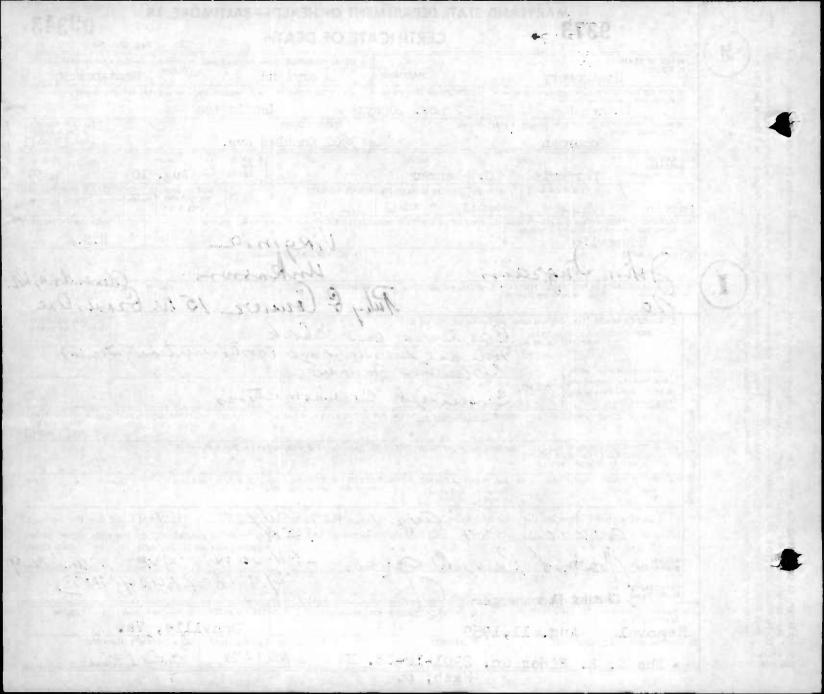
Wash. DC

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 19 59 Aug. 10 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T (County) (Stote) 1959, to QULY 10 21. I certify that I attended the deceased fram Civil 195 That I last saw the deceased and that death accurred at 15 18M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) Gordon Rosenherger 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Danville. Va. Removal ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAUG 1 2 '59 Circhar S. Krous Hines Co. 2901-14-St. NW

09343

VS A15 (4) 15M 9/58

FUNERAL DIRECTOR:



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	Reg. Dist. No.
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
mont dome LV MARY	YLAND O STATE 6. COUNTY Mentagement
b. CITY OR TOWN If autside carporate limits, write   c. LENGTH OF STAY	IN 1b c. CITY OR JOWN (If autside carporate limits, write RURAL and give nearest town)
RURAL and give nearest tawn)	c. CITI OKNOWIN (if duiside carporale limits, write kokat and give nearest rown)
5: Wer Soring 6 Mrs	562:14er 20004
d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	QN A FARM?
Suburban	SIEW and Lane YES NOT
NAME OF First Middle	Last 4. DATE Manth Day Year
NAME OF First Middle DECEASED	OF A
(Type or print)	Mashington DEATH HUO 23 195
SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRI	
100	last birthday) Months Days Hours Min.
WIDOWED DIVORCE	ED 7/16/08 5/ yrs.
a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS C	DR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTR
during most of working life, even if retired)	
Laborer Self	Mury land W. J.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
100 / 11 10/2 / 1	
Marshall Washington	Nellie Green
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. INFORMANT Address 5: NE y Zom
es, no, or unknown) (If yes, give war or dates of service)	1-1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
110	KEHHIDE IIMShington DICWARDS Hane)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	. INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE	OCARDIAL INFARCTION GHRS
1120,1 DUE TO	
MA OMILADO	Y OCCUSION 6 HRS
Conditions, if any, which ) (b)	7 OCCLUSION GALF
gave rise to immediate cause (a), stating the under-	1
lying couse lost.	Y ARTERIOSCLEPOTIC MEDET DISSUSE UNDETER
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPS PERFORMED?
	YES NO
20- ACCIDENT WAS INVESTIGATION OF DESCRIPTION IN THINK	
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY CONTRIBUTING ☐ CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at wark at work	20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (Sta
Haur a.m. While Nat while	20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (Sta factory, street, affice bldg., etc.) !
P. m. 19 While Nat while at wark at wark	
p. 116.	
21. I certify that I attended the deceased from.	23 1, 1959, to SAME, 19 that I last saw the decease
8/12 / 1059	
alive on 19 1, and that	t death accurred at SASTM, fram the causes and an the date stated aba
0:0 81 91	ADDRESS (Street, city/or town, state) DATE/SIGN
Linning Like All All All All All All All All All Al	8/28/5
ACTUAL ACTUAL ACTUAL ACTUAL	
SIGNATURE JOHN H SLISTLY	M.DDELAESDA, AU
0	M.D. DETAESDA, AU.
PHYSICIAN'S	MID. DETAESDA, MO.
PHYSICIAN'S NAME (Type)	mo. DETAESDA-, PLOV
PHYSICIAN'S NAME (Type)  © BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEM	M.D. (State)
PHYSICIAN'S NAME (Type)	1/2 2- (1) 1 (10) (50) (1- 11)
PHYSICIAN'S NAME (Type)  OF BURIAL CREMATION, REMOVAL (Specify)  8-27-1959  6000	HOPE Church COLESVILLE MD
PHYSICIAN'S NAME (Type)  PO BURIAL CREMATION, Page 19 Second Seco	HOPE MURCH COLESVILE MD  240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
PHYSICIAN'S NAME (Type)  20 BURIAL CREMATION, REMOVAL (Specify)  8-27-1959  COLUMN STATEMENT STA	HOPE Church COLESVILLE MD

ACUTE MYE CARDIAL INFARCTION CORCHARY OCCUUSION CORONARY ARTERIESCIE OTIC HEART DISEASE CHOCKENING

6485

C 4.05

PTROMISEUNSIN ALE. BETHESDA, HD.

**CERTIFICATE OF DEATH** 

Re		

					Reg. Dist. 140.
1. PLACE OF DEA	LTH	MARWIANG	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	n: Residence before admission)
mont	gomery	MARYLAND	maryla	not me	nteamers
	OWN (If outside corporate limits, give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RU	RAL and give nearest town)
Both	give neolest lown)	12 days	X vary vary vy	XXXXXXXXXXX Ga:	thereburg
d. NAME OF	HOSPITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS	ANAMANA GA.	e. IS RESIDENCE
OR INSTITU	TION		1 7 /	Den Ho	ON A FARM?
Jubu	rban Hospit	al	134 60	KIU-3	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	1000	8	WeigeR	DEATH HUG	2 195
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	1 1 1 1 1 1 1	Months Days Hours Min.
Mai	e white w	IDOWED DIVORCED	April 5, 19	900 59 yrs.	Months Days Hours Min.
10a. USUAL OCCI	UPATION (Give kind of work don of working life, even if retired)	e 106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
Marin	- / - :	Labor	mark	land	10.5
13. FATHER'S NAM		10000	14. MOTHER'S MAIDEN I	NAME	
11.1	Kourn		1111	known	
15. WAS DECEASE	EDEVER IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO.	INFORMANT	Addre	s C.
(Yes, no, or unknown)	(If yes, give war or dates of service		mn 11.	B 11'	" Jame as
110		0/8-05-1441	Mus rau	IN, WILLES	The of
18. CAUSE C	OF DEATH [Enter only one couse	per line for (o) (b) and (a)		11 (1.1)	INTERVAL BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	a culo (s	u Bestano	Island Hall	us 2 zwel
581.		0 0	1	10	
		11:00	1 6	4	Torsear
	to immediate (b)_	ann	0) 800	~	
	toting the under-				
lying couse	lost. (c)_				
NO PART I	I. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPS PERFORMED?
8					YES NO
	NT WAS UNDERLYING 201 UTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
OR CONTRIB	UTING CAUSE OF DEATH				
-		and Intition occupants   20- as	ACE OF INITIDY (Masser form	206 (City A)	10
	o. m.	20d. INJURY OCCURRED 20e. PI While Not while	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	n, 20f. (City or town)	(County) (Stot
W.		ot work ot work			
	p. m.	1	2 1000	Mus 10	
	7 1	eceased fram Mund	-1 4114	, , ,	hat I last saw the decea
alive an_	I will	19_2grid that death	accurred at 1	M, fram the causes and	on the date stated abo
	1100 11,	. ///.	1 1	ADDRESS (Street, city on town )	tote) DATE SIGN
ACTUAL SIGNATURE_	1/1 / ///	15 sells	MD.6054) Mon	en val Morles	ull my 3lu
	00000			7	
PHYSICIAN'S NAME (Type)	William S.	Murphy 615 W.	Montgomery	Ave., Rocky	ille, Md.
220. BURIAL, CRE		22c NAME OF CEMETERY C		22d. LOCATION (City, town, or	
REMOVAL (S		4			
Burial	8/5/59	Parklawn C			MaryLand
	ECTOR'S SIGNATURE	ADDRESS Mar			RAR'S SIGNATURE
Robert	A. Pumphrev.	Bethesda, Mar	yLand   All	16 A '59 and	hun S. Thousa

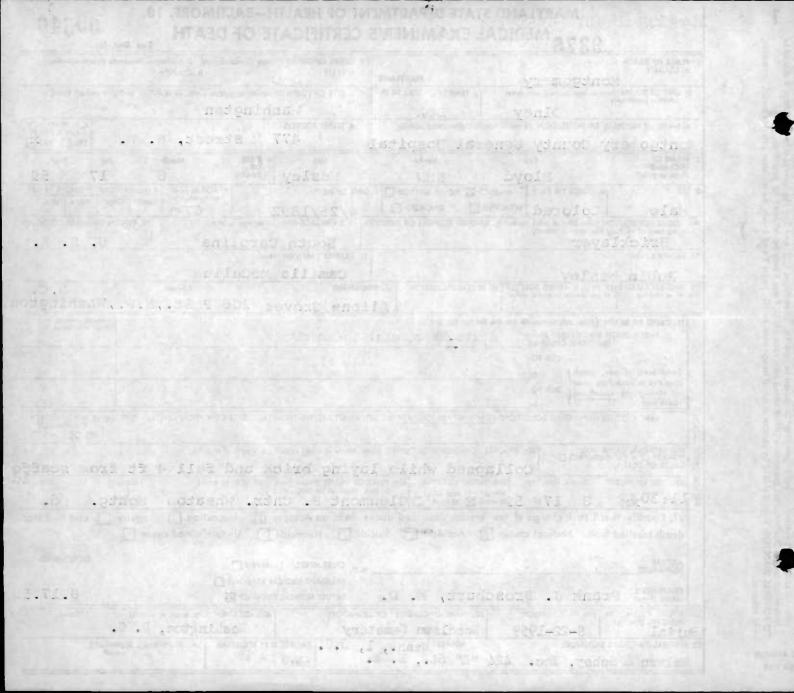
TO HOSPITAL OF FENDING PHYSICIAN: The law requires may include a commercial completely filled in by the funeral director, may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/58

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should		I. PLACE OF DE	ATH					SIDENCE (V	/here deceas	ed lived. If institu		before adn	nission)
dr sh	( No	a. COUNTY	Montgom	ery		MARYLAND	o. STATE	DC		b. COUNT	Υ		V
rio!	1 Mg	b. CITY OR TO	OWN (If outside corporate lim prest town)	its, write RURAL	c. LENGT	H OF STAY IN 1b	c. CITY OF	R TOWN (IF	outside corp	porote limits, write	RURAL and giv	neorest to	own)
Po be	A		0	lney		DOA		Was	hing	ton 4	47 X-=		
Per.	099		HOSPITAL OR INSTITUTION  Mery Coun				d. STREET	ADDRESS 477	M S	treet,	N. W.	ON	RESIDENCE A FARM?
L Fild		3. NAME OF DECEASED		First		Middle	las	it.	4. DATE	Month	n D	оу	Year
you		(Type or print	)	Floyd		NMN	Wes	slev	DEATH		8	17	19 59
for		5. SEX	6. COLOR OR	RACE 7. MARI	RIED NEV	ER MARRIED	8. DATE OF BIRTH	н		9. AGE (In years lost birthday)	IF UNDER TYE		
# ped #		Male	Color	ed WIDOW		DIVORCED 🔲	4/25	/1892		67 yrs.	Months Day	Hours	Min.
etoi.	1	10a. USUAL OCC	CUPATION (Give kind of working life, even if re	work done 10b.	KIND OF BL	ISINESS OR INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY?
o Do	1		cklayer						Carol			U. S	. A.
- 6-		13. FATHER'S N	AME			ME 500	14. MOTHER'S	MAIDEN N	IAME				
ages 1 ge 5 m pages			n Wesley					illa	McCu	llum			
Page		15. WAS DECEA	SED EVER IN U. S. ARM		S. SOCIAL SEC	CURITY NO. 17.	INFORMANT			Address			D.C.
S. S. S.					<u> </u>	A	lione (	Grove	s 20	6 P St.	, N.W.,	Wash	ingto
P.M.3.			OF DEATH [Enter only o				2 7 0	1.7			11 0	NET AND DE	ÆEN EATH
EEE	F. 184	PARI	I. DEATH WAS CAUSED IMMEDIATE CAU	ISE (o)	Acute I	iyocardia	I Inlar	ction					
Ite onsit		142		JE TO									
il in	4501		if ony, which	(b)									
long		(a), stoting	the underlying DL	JE TO									
5 e 5.		couse lost.	II. OTHER SIGNIFICANT	(c)	CONTRIBUTION	C TO DEATH BUT	NOT DELATED TO	THE TERM	AIAI DICEAC	E CONDITION CIV	ENT INI DADT 1/-	Jan was	AUTORCY
Diffi d os	7	PART	II. OTHER SIGNIFICANT	COMPINIONS	CONTRIBUTION	O TO VENIM BUT	NOT KELATED TO	THE TERMI	NALDISEAS	E CONDITION GIV	EN IN PAKI 140	PERF	ORMED?
endi er's use	d	200. EXTERN	IAL CAUSE WAS	20b. DESCRI	BE HOW INI	URY OCCURRED.	Enter nature of in	niury in Port	Lor Port II	of item 18.)		162 [1	NO 🔲
d p		20o. EXTERN PRIMARY CAUSE OF	or CONTRIBUTING							d fell	A ft f	rom	ecaff
Exo		S 20c. TIME O	F INJURY Month, Do	ry, Yeor 20d	. INJURY OC	CURRED 20e. PL	ACE OF INJURY (	Home, form	, 20f. (City	or town)	(County)		(Stote) I
the y		₩ 11:430	**** 8 1	Wh	ile Not	while Gle	tory, street, office	e bldg., elc.	) ;		Mont	g.	Md.
Me		21. 1 cert	tify that I took ch	orge of the	remoins	described ob	ove, held an	Autops	y 🛛 li	aspection .	Inquiry [	], and	find that
wri OR:		deoth re	sulted from: Not	urol causes	Acci	ident 🔲, Su	icide [], H	tomicide	□, U <sub>1</sub>	ndetermined o	couse .		
30 5			0- 1	0								DATE	SIGNED
to Je	_	SIGNATURI	Seant 4	17m	Zun		M.D. CHIEF A	MEDICAL EX	AMINER -			DAIS	SIGNED
A Ped Ped	2	EXAMINER	3 7		-71				AL EXAMINE			0	17 6
orworded FUNERAL r removol.		NAME (Typ	e) Frank/J			-		MEDICAL	EXAMINER [			8	.17.5
for vo	0 70	REMOVAL (	EMATION, 22b. DATE T Specify)			OF CEMETERY O				TION (City, town,		(Sto	ie)
7		Burial	8-22	-1959		Lawn Ceme		24- 050		shington		rune	
S. A15ME(5)				no. /2	/ HRH	St., N.		BANC	2 4 '59	Callen	STRAR'S SIGNA	S S S S S S S S S S S S S S S S S S S	
5M 9/55		Marvan	& Schey, I	1100 42	4	2009 110		DATE	- '				



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	Salaria, St.	S in cashing	John J. Mich.	(a)		
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y death. Page 4	he funeral director, should be filed with	(
ed within 24 hours	npletely filled in by ters. Pages 1 and 2 s	07
TO HOSPITAL OV TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of death. Page 4 may be retained or the hospital or oftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 fours offer death.	
equires that the deat	signed by the attend it permit. Then pleas id in any event withir	
IYSICIAN: The low re or ottending physicio	s certificate has been se as the burial-trans ation, or remayal, an	
OVERTICATION OF PROPERTY OF THE POSSITE OF THE POSS	JIRECTOR: After this d be detached far u priar to burial, crem	
TO HOSPITAL	(a) TO FUNERAL Degree 3 shaul	

	3660	CERTIFICA	AIE OF DEAIR		Reg. Dist. No.
	1. PLACE OF DEATH 6. COUNTY Non Gomeru	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ELENGTH OF STAY IN 16	Edge wat	utside corporote limits, write R	
5	d. NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION San & HOSP	dress) 0	d. STREET ADDRESS	BOV 228	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Belle	Williams	4. DATE Mon	31 1950
	female white WIDOWED	DIVORCED [	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 9 yrs.	Months Days Hours Min.
h	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Homemaken	OHIO		12. CITIZEN OF WHAT COUNTRY
	David Reel		Emma	Mc Kee	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	ocial security No.	nformant 15p. tal te	crrds	ress
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if only, which gove rise to immediate couse (o), stating the under-lying couse lost.	internal	hairi i of cong la play	du to ban	INTERVAL BETWEEN ONSET AND DEATH
)	PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in P		VEN IN PART (10) 19. WAS AUTOPS: PERFORMED? YES NO S
	20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While of work [	Not while foo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(County) (Stot
	21. I certify that I attended the deceased alive on 45 & (30) 9 6  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Chas H. Wo	0 11	accurred at $3$	M, from the causes an ADDRESS/(Syeet, city or town, If Wolook	That I last saw the decease and an the date stated above stole)  DATE SIGNE  ON
	220. FURIAL, CREMATION, 220. DATE THEREOF SEMOVAL (Sportry) 23. FUNERAL ID RECTOR'S SUGNATURE	ADDRESS	synetery.	22d. LOGATION (City, town	· Ohio.
	Karther latters 25	+ Berroll &	DATE ER		STRAR'S SIGNATURE

Not the Company of the Company of the North Company of the Company perial the state construction contest.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Page 4	director,	1
uted within 24 hours death. Page 4	impletely filled in by the funeral director, pers. Pages 1 and 2 should be Med with h.	
4 hours	1 and 2 s	09
within 2	etely fille . Pages	
oted	pers	

9378 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) .. COUNTY Montgomery b. COUNTY MARYLAND Virginia Arlington b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAN and give negrest town) Arlington, Virginia d. STREET ADDRESS IS RESIDENCE

d. NAME OF HOSPITAL (If not in haspital, give street address) Kensington Gardens Nursing Home

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).

DUE TO

ON A FARM? 4507 No. Washington Blvd. YES NO TK 4. DATE OF DEATH 1°59 August 25 Williams

Msale aucasian 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)

Harry

6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED [ DIVORCED [

9. AGE (In years Months Days 12. CITIZEN OF WHAT COUNTRY?

during most of warking life, even if retired) Telegraph Operator

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)

Communication

Middle

Baltimore, Maryland

USA

IF UNDER 1 YEAR IF UNDER 24 HRS.

19

3 FATHER'S NAME

No

NAME OF

DECEASED

(Type or print)

Albert Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Laura **INFORMANT** 

Virginia Welch

> INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.

**DUE TO** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.)

20c. TIME OF INJURY Doy, Year MEDI Haur a.m

20d. INJURY OCCURRED While Not while of work of work

16. SOCIAL SECURITY NO

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

August 24

21. I certify that I attended the deceased from

and that death occurred at 7:20a ADDRESS (Street, city or town, stote)

,that I lost saw the deceased M. from the couses and an the date stoted obove.

ACTUAL SIGNATURE 0609 Concord Street

Kessisington, Maryland

August 25, 1959

(Stote)

PHYSICIAN'S NAME (Type

220. BURIAL CREMATION.

REMOVAL (Specify)

Robert T. Thibadeau, M.D. 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Washington

(Stote)

/28/ 23. FUNERAL DIRECTOR'S SIGNATURE

Glenwood Cemetary ADDRESS

24a. REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE Cothur & Krays

901 No. Fairfax Drive DATEAUG 2 7 '59

1SM 9/58

0 8 puo ofter physician 72 attending pleose the þ te has been signed buriol-transit permi physicion. 0 ottending certificate

requires that

D FUNERAL DIRECTOR: 3 shauld page 10 VS A1S (4)

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## OR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any deloy is that, any please execute the cartistic. writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral circ. Page 4 should be fartwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to burial, crematian, ar removal, and in any event within 72 hours after death.

8

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9379 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09350

Reg. Dist. No. 215

	PLACE OF DEATH  o. COUNTY  Montgomery			MARYLAI	21	SUAL RESIDEN	ICE (Where de	b. COU				issian)
1	CITY OR TOWN (III a	utside corporate limits, writ-	• RURAL	c. LENGTH OF STAY IN	-		VN (If outside	corporate limits, wr	W-9 and Gr-1 de-			wn)
	Bethesda (	1		ll days				,	6 X	-		
			26 and in have	pitol, give street address)		Manches		6	6 /		I IC D	ESIDENCE
1	U.S. Naval					68 Appl		treet			ON	A FARM?
	NAME OF DECEASED	Fir	st	Middle		Lost	4. DAT	TE Mo	nth	Doy	Y	eor
	(Type or print)	JOHN		Frederick	WIL	LIAMS	DEA	TH Aug	ust	2	1	9 59
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years lost birthday)	7	1YEAR	IF UND	ER 24 HRS.
	Male	White	WIDOWED	DIVORCED [	5-	1-39		20 yr		Doys	Hours	Min.
		Give kind of work	done 10b. K	IND OF BUSINESS OR INC	USTRY 11	. BIRTHPLACE (	(State or fore	ign country)	12. CITI	ZEN O	F WHAT	COUNTRY
	Seaman app		II.	S. Navy		N.H.			1	J.S.	Α.	
-	FATHER'S NAME	Linochec		D. 1141,	114. /	AOTHER'S MAIL	DEN NAME			, 10 6	486	
	Frederick	A LITTTAN	rc .			3012 3	2 /42 2					
The same of	WAS DECEASED EVE	The second secon		SOCIAL SECURITY NO. 11	7. INFORA	Mildred	d (Unki	Addre		-		
[Yes	. no. or unknown)	If yes, give war or dates of	service)					7001				
-		present ti	T (C. 1970)		Tosbr	tal Rec	oras					
	BARY I DEATH	H [Enter only one car								UNSE	T AND DE	EEN ATH
	PART I. DEAT	MAS CAUSED BY:	Lowe	er nephron ne	phro	sis and	uremi	a		1	l da	ys
	857X	DUE TO										
	Canditians, if on	y, which) (b)	Mult	tiple crushing	ng in	juries	and am	putations		1	1 da	ys
	gave rise to immedi (a), stating the u			matic								
	couse last.	(c)										
7	PART II, OTHI			INTRIBUTING TO DEATH B	UT NOT RE	LATED TO THE	TERMINAL DIS	SEASE CONDITION	GIVEN IN PAR	1(0)		
CERTIFICATION											PERFO YES X	NO []
RTE	PRIMARY D or CON	TRIBUTING []		HOW INJURY OCCURRE								
1 -	CAUSE OF DEATH.			rushed between					Lab. I	C		
MEDICAL	20c. TIME OF INJUR		ar 20d. 1	NJURY OCCURRED 20e.	PLACE OF	INJURY (Home, eet, affice bldg	torm. 20f.	(City or tawn)	(Cou	inty)	3 11	(Stote)
MED	Hour 2000.	7-22-5	9 While	rk of work N				Washingt	on		D	.C.
	21. I certify the	at I took charge		emains described a						у П		d in my
				auses [], Acciden		Suicide	_		termined r	, <u> </u>		
	ACTUAL SIGNATURE	and W	Zum.	but	M.D	CHIEF MEDIC	CAL EXAMINE	R 🗍			DATE S	IGNED
		1				ASSISTANT M	AEDICAL EXAM	MINER [				
	EXAMINER'S NAME (Type) F	rank J. Br	oschar	rt		DEPUTY MED	ICAL EXAMIN	IER 🔂		8-	3-59	
220	BURIAL, CREMATION			22c. NAME OF CEMETERY	OR CREM	ATORY	22d. L	OCATION (City, town	n, or county)		(Stote	e)
B	REMOVAL (Specify)	ment 8-3-	59				M	anchester	7	Jeu	Hamn	shire
	FUNERAL DIRECTOR'S	SIGNATURE	17	ADDRESS Wash	, D.	C. 240.	REC'D BY RE		GISTRAR'S SIG			BHTT
	7.4.16	Leve .	¥7	1400 Chapin			TE AUG 6	5 '59	Circum J			

MEDICALEXAMINERS CERTIFICATE OF DEATH TOP SHOW SEE Company of the compan Charles (C. Hardel) CTOURTED A ROLLOSTA A SECOND CONTROL OF STREET BOTH AND THE TENT OF STREET The transfer of the same and th The court of the and the control of the agency of the fair and and . . Special contract of the second A CONTRACTOR OF THE STATE OF TH .7 .4 . 6 6 

Funeral Home, Bethesda, Md.

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executed pup physician ding death to the that þ gned hos been ottending certificote the FUNERAL DIRECTOR: oge 3 should be detacl 0

VS A15 (4)

15M 9/5B

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TO HOSPITAL TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur. In death. Pag may be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct page 3 shauld be detached far use as the burial-transit permit. Then please reprove barban papers. Pages 1 and 2 shauld be filled at the registrar prior to burial, cremation, ar remayal, and in any event within 77 haurs after death.

VS A15 (4) 15M 9/5B

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9381

**CERTIFICATE OF DEATH** 

Reg.	Dist.	No.	215

b. CITY OR TOWN (If outsid RURAL and give negrest to	le corporote limits, w			o. STATE Maryland c. CITY OR TOWN (If out	tside corporate		URAL ond g		vn)
Bethesda (Ru	ral)	12 days	X	Chevy Chase					
d. NAME OF HOSPITAL (IF IN OR INSTITUTION  U. S. Naval I		street oddress)	1	d. STREET ADDRESS 105 Hesketh	Stree	t		ON	A FARM?
NAME OF	First	Middle			4. DATE OF	Mon	ith	Day	Yeor
DECEASED (Type or print)	Willia			YOUNG	DEATH	Augu	-	15	19 59
		MARRIED NEVER MARRIED  DOWED DIVORCED		6-18-88	٧.	AGE (In years lost birthdoy) 71 yrs.	-	Doys Hours	7
. USUAL OCCUPATION (Giv	e kind of work done	10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote or	r foreign coun	Try)	12. CITI2	ZEN OF WHAT	COUNTRY
during most of working life  Mariner  B. FATHER'S NAME	, even it retired)	U. S. Navy	11.	Washington		•	U.	S.A.	
William B. Yo	ישמונר		13	Alice C. JC					
S. WAS DECEASED EVER IN U.		? 16 SOCIAL SECURITY NO.	INFO	RMANT	MES	Add	ress		
Yes, no, or unknown) (If yes, gi	& WWII			. L. Young,	4213 R	osedale	Ave.	, Bethe	esda,
Conditions, if ony, wh gove rise to immedi couse (o), stoting the <u>unse</u> lying couse lost.	ote DUE TO	Hypertensive					/FN IN PART	yea:	rs
PART II. OTHER SIG	NIFICANT CONDITI	ONS CONTRIBUTING TO DEA	IH BUT NO	I KELATED TO THE TERMIN	AL DISEASE C	3,10,11,0,11,0,11	LIN IIN CANI	PERF	S AUTOPS'
PART II. OTHER SIG	ERLYING 20b	D. DESCRIBE HOW INJURY OC						PERF	ORMED?
PART II. OTHER SIG	DERLYING 1 20b USE OF DEATH AL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (E			of item 1B.)		PERF	ORMED?
20c. TIME OF INJURY More Hour o.m. p. m.  21. I certify that I calive an Augustanture	DERLYING USE OF DEATH AL EXAMINER)  onth, Doy, Year  19  onthended the deta. 15	o. DESCRIBE HOW INJURY OC 20d. INJURY OCCURRED While Not while of work of work 12 ceased from Augus 19_59, and that of	CCURRED. (E	OF INJURY (Home, form, street, office bldg., etc.)  19.59, ta Aucurred at 9:00AA	20f. (City or 20f.) 20f. (	town)  5, 159 e causes ar t, city or town,	,that I la	County)  St saw the edate state	(Sta
20a. ACCIDENT WAS UND OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY More than 1 and	DERLYING DUSE OF DEATH AL EXAMINER)  onth, Doy, Year  strended the det. 15	20d. INJURY OCCURRED While Not while of work of twork and that of the control of	20e. PLACE foctory  t 3  M.D.	OF INJURY (Home, form, street, office bldg., etc.)  19_59, ta_Aucurred at 9: 00AAAA  U.S. Naval	20f. (City or Lorent II)  20f. (City or Lorent II)  A, fram the CORESS (Street III)  HOSDI	of item 18.)  town)  5, 159 e causes ar t, city or town, tal	,that I la: ad an the	County)  Ist saw the date state  B - 3	(Standard Standard St
200. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC  20c. TIME OF INJURY More Hour a. m. p. m.  21. I certify that I a alive an Augus  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) C. V.	DERLYING USE OF DEATH AL EXAMINER)  onth, Doy, Year  19  onthended the deta. 15	o. DESCRIBE HOW INJURY OC 20d. INJURY OCCURRED While Not while of work of work 12 ceased from Augus 19_59, and that of	20e. PLACE factory  the 3	of INJURY (Home, form, street, office bldg., etc.)  19.59, ta Aucurred at 9:00AA  U. S. Naval  Bethesda, N	20f. (City or Lorent II)  20f. (City or Lorent II)  A, fram the CORESS (Street III)  HOSDI	of item 18.)  town)  5, 159 e causes ar t, city or town, tal  N (City, town,	,that I la: ad an the	County)  Ist saw the date state  B - 3	decea decea ded about significant

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